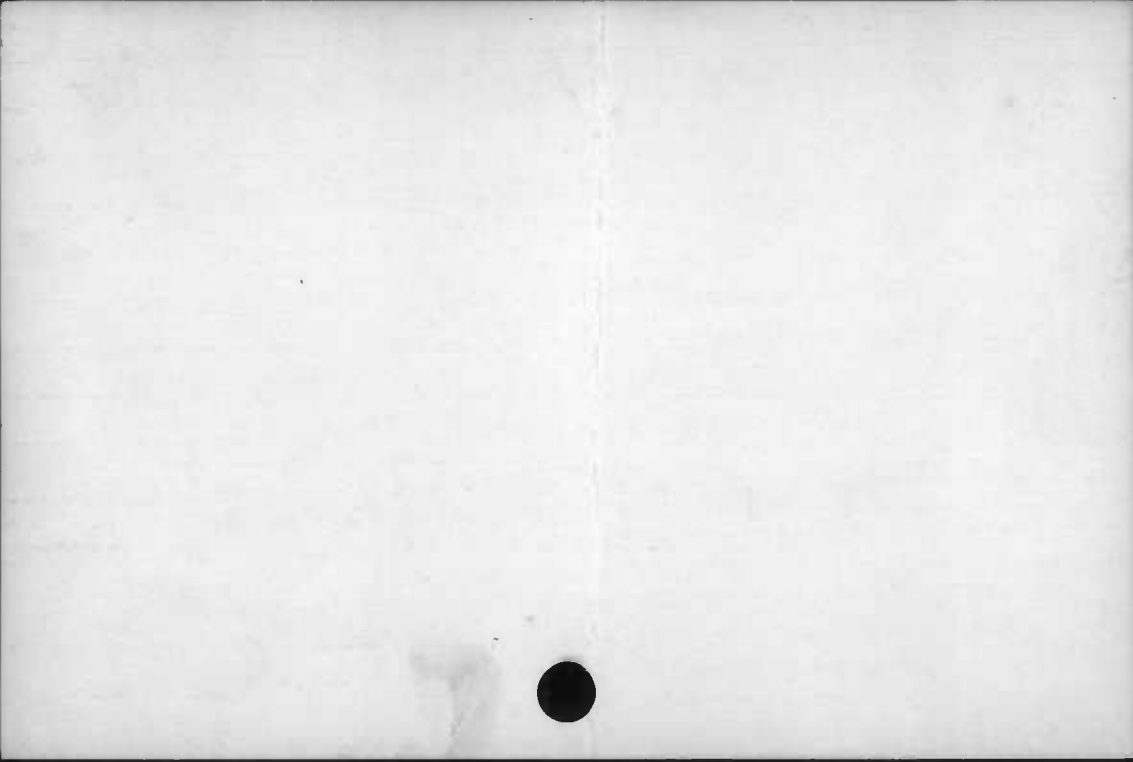


Name in Full		Nellie M. Barnard				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Brentwood</i>		Town		<i>Pr. Geo</i>		County
	Date of death 190 <i>9</i>		Month <i>Sept</i>	Day <i>29</i>	Age <i>3</i>	Years	Months
	Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Brentwood. Md.</i>		
	Married, Single or Widowed <i>Child</i>		Occupation				
	Name of Wife or Husband						
	Father's Name <i>M. Barnard</i>				Father's Birthplace <i>Washington D.C.</i>		
	Mother's Maiden Name <i>Grace M. Halliday</i>				Mother's Birthplace " "		
Name of person giving information <i>M. Barnard</i>				How related to deceased <i>Father</i>			
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary <i>Diphtheria</i>		How long <i>6 days</i>		✓		
	Immediate <i>Paralysis of Heart</i>		How long <i>Sudden</i>				
	Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>J. C. Shindorf, M.D.</i>				
	Address <i>Brentwood. Md.</i>						
Accident or Suicide?							



Name
in
Full

No name Barnes

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Hottingham		County Prince George		MARYLAND	
Date of death		190	Month September	Day 8	Age	Years	Months 2
Sex female		Color or Race colored		Birth-place Md			
Occupation none		Where Residing if not at place of death					
Married, Single or Widowed		Name of Wife or Husband					
Father's Name Isaac Barnes		Father's Birthplace Md					
Mother's Maiden Name Mary Stewart		Mother's Birthplace Md					
Name of person giving information Isaac Barnes		How related to deceased father					

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

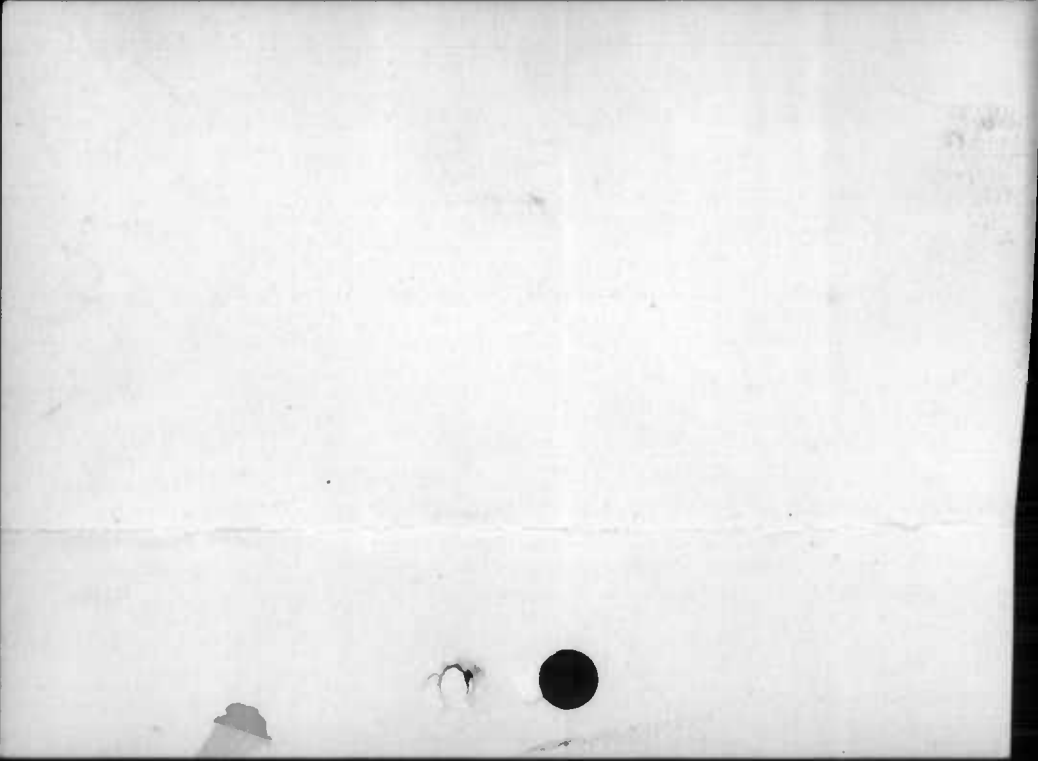
Primary	Summer Complaint	How long	one week
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		Ernest H. Garner	
Address		Act Coroner	
Accident or Suicide?		Northkeys, Md.	



Amelia E. J. Bean

CERTIFICATE OF DEATH

Died at Largo Town		Prince George County		MARYLAND	
Date of death 1909	Month Sept	Day 30	Age 52	Months 7	Days —
Sex Female	Color or Race White	Birth-place Md.			
Occupation Housewife	Where Residing if not at place of death				
Married, Single or Widowed Married	Name of Wife or Husband Truman Bean				
Father's Name George W. Brady	Father's Birthplace Md.				
Mother's Maiden Name Sarah Phelps	Mother's Birthplace Md.				
Name of person giving information Husband	How related to deceased				
CAUSES OF DEATH			<div>27</div> <div>✓</div>		
Primary Pulmonary Tuberculosis	How long Three years.				
Immediate Heart failure & Toxemia	How long Two weeks				
Are the name, age, sex, color, date and place correctly given above? Yes.	Signature of Physician R. A. Schoonover M.D.				
9	Address Bumming D. C.				
Accident or Suicide?					



Name
in
FullMarger Ann Martbury, Beane,
Town County

CERTIFICATE OF DEATH

MARYLAND

Died at Brandywine

P. Gro.

Date

of death

1909

Month

Sept

Day

15

Age

Years

67

Months

Days

Sex

female

Color or
Race

white

Birth-
place

Md

Occupation

none

Where Residing if not
at place of deathMarried, Single
or Widowed

Widow

Name of Wife or
Husband

John Alexander Beane

Father's
Name

Jos. S. Hatton

Father's
Birthplace

Md

Mother's
Meiden Name

Beranda Early

Mother's
Birthplace

Md

Name of person giving
Information

J. A. Beane

How related
to deceased

Son

CAUSES OF DEATH

40

✓

Primary

Cancer of Stomach

How long

2 months

Immediate

Exhaustion

How long

24 hrs

Are the name, age, sex, color, date
and place correctly given above?

yes

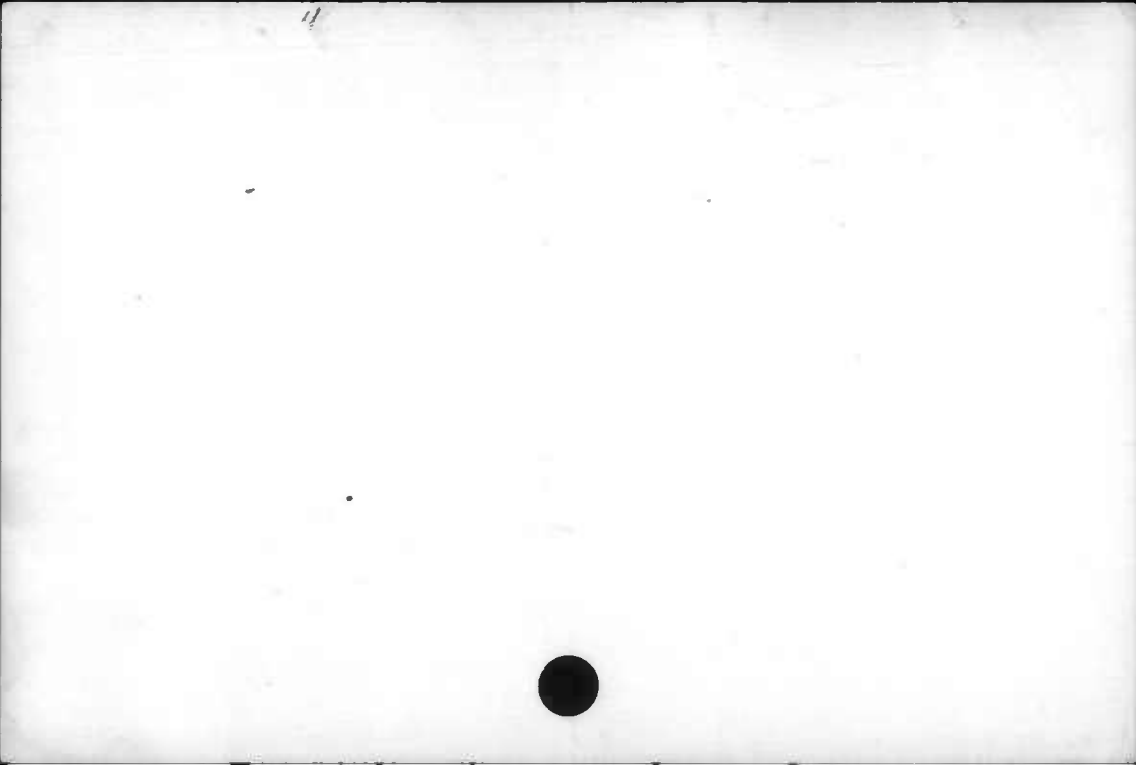
Signature of
Physician

Address

John A. Cor
E.B. Md

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Charles Briggs.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

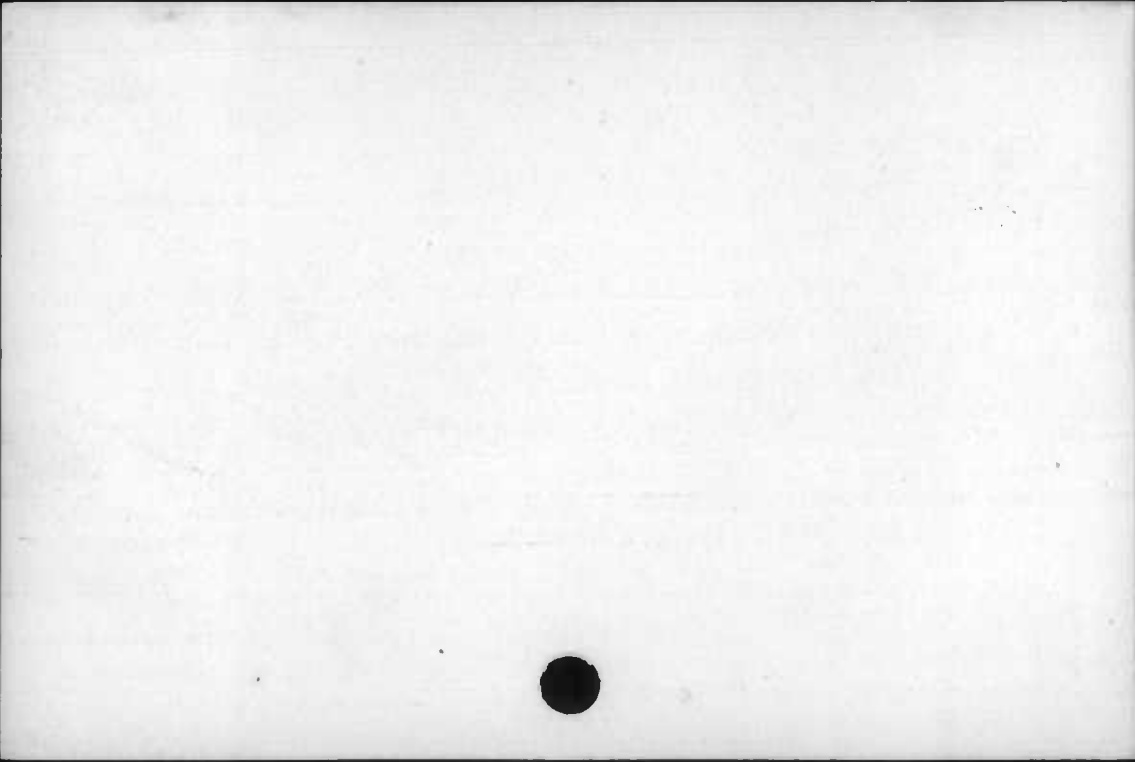
Died at		Town' <i>Rossville</i>		County <i>Pr. George</i>		MARYLAND	
Date of death		Month <i>1909 Sep.</i>	Day <i>17</i>	Age <i>60</i>	Years	Months	Days
Sex <i>Male</i>		Color or Race <i>Colored</i>		Birth-place <i>A. A. Co.</i>			
Occupation <i>Laborer</i>		Where Residing if not at place of death <i>Rossville</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Elizabeth Briggs</i>					
Father's Name <i>Caleb Briggs</i>		Father's Birthplace <i>A. A. Co</i>					
Mother's Maiden Name <i>Belen Waters</i>		Mother's Birthplace <i>A. A. Co</i>					
Name of person giving information <i>John Snowden.</i>		How related to deceased <i>Son in Law</i>					

CAUSES OF DEATH

64

PHYSICIAN
OR CORONER

Primary	<i>Cerebral Hemorrhage</i>	How long	<i>Suddenly</i>
Immediate	<i>—</i>	How long	<i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>W. F. Taylor M.D.</i>	
		Address <i>Leumel Md</i>	
Accident or Suicide?			



Name
in
Full

Marion Briggs

CERTIFICATE OF DEATH

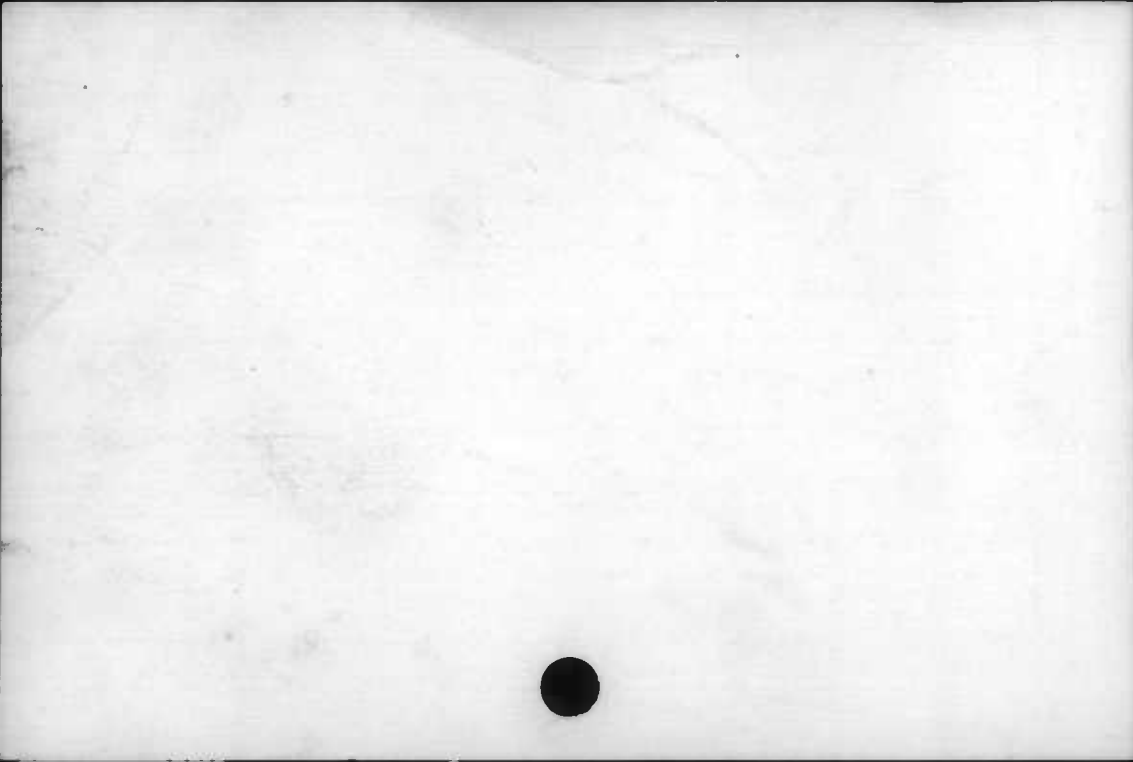
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1909		Sept.	19	28	8		
Sex	Female	Color or Race	Black	Birth-place	Md		
Occupation	H. W.			Where Residing if not at place of death			
Married, Single or Widowed	Married		Name of Husband				
Father's Name		William Brewer				Father's Birthplace	
Mother's Maiden Name		Maggie Matthews				Mother's Birthplace	
Name of person giving information		Resin Lancaster				How related to deceased	
						Friend	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Typhoid Fever		How long	3 weeks.
Immediate	Intestinal perforation		How long	2 days.
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician	
			Address	
			Laurel, Md	
Accident or Suicide?				



Name
in
Full

Cecelia Brown

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

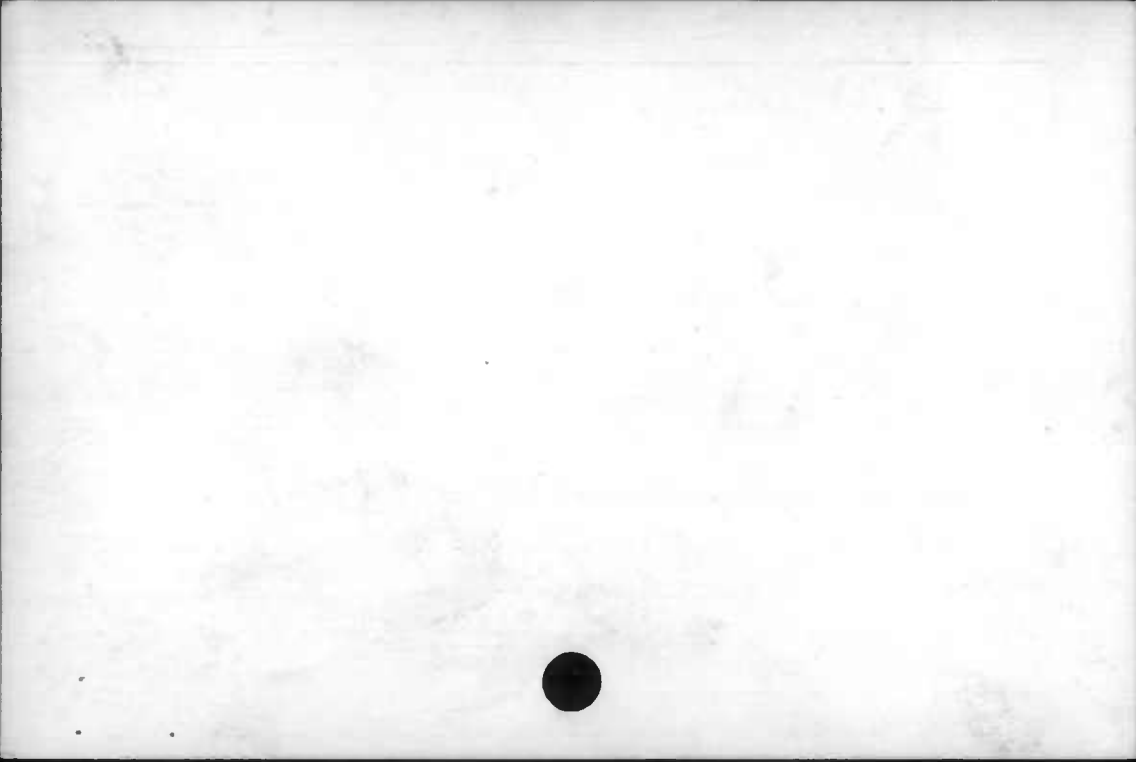
Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1909		Sept	5	1		6	
Sex	Female	Color or Race	Colored	Birthplace	Md		
Occupation	Infant			Where Residing if not at place of death			
Married, Single or Widowed	Single			Name of Wife or Husband	none		
Father's Name	John A Brown			Father's Birthplace	Md		
Mother's Maiden Name	Nora Hager			Mother's Birthplace	Md		
Name of person giving Information	Emmanuel Hoyer			How related to deceased	nephew		

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary	Illio Colicis	How long	4 weeks
Immediste	As therna	How long	2 4 hours
Are the name, age, sex, color, data and place correctly given above?		Signature of Physician	W. H. Gibbons
yes		Address	Broom Md
Accident or Suicide			



Name
In
Full

CERTIFICATE OF DEATH

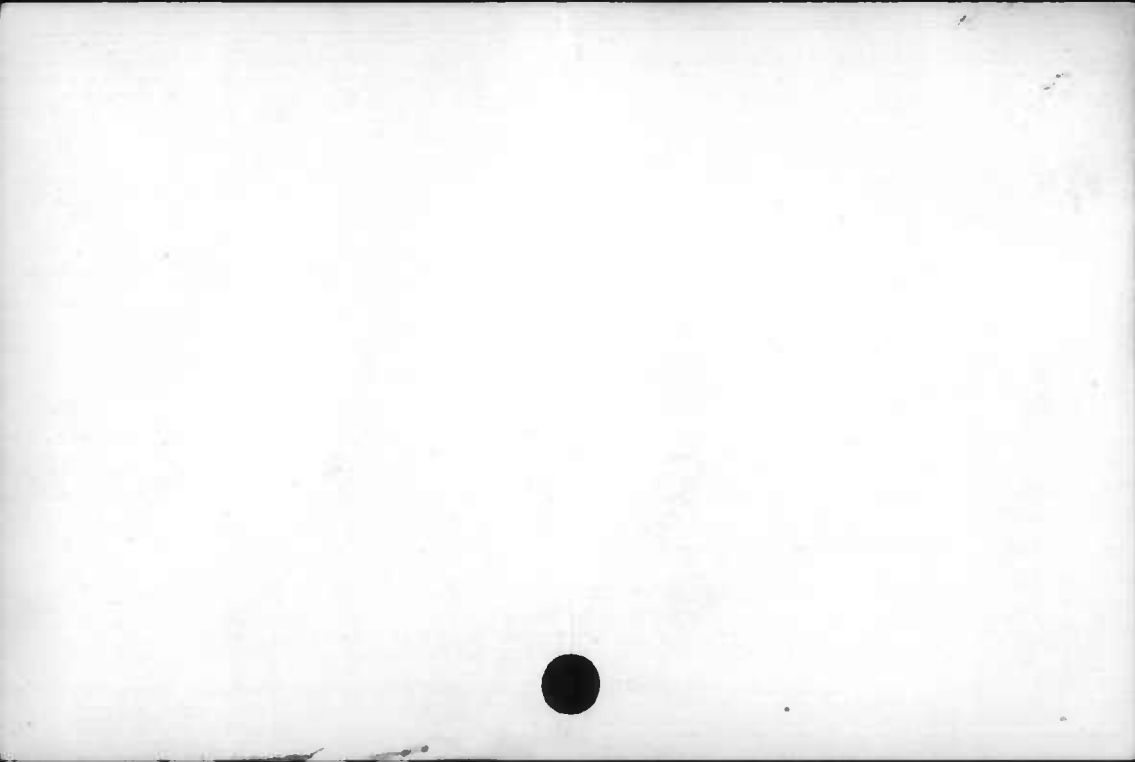
TO BE ANSWERED BY
NEAREST FRIEND

Name *Edgar Campbell* Town *Callington* County *P. G.* Maryland
Died at *Callington*
Date of death 190 *9* Month *Sept* Day *9* Age *55* Months *-* Days *-*
Sex *Female* Color or Race *Black* Birth-place *A. C. G. Ind.*
Occupation *Housewife* Where Residing if not at place of death *-*
Married, Single or Widowed *Married* Name of Wife or Husband *Chas. Campbell*
Father's Name *Wm. Myers* Father's Birthplace *A. C. G. Ind.*
Mother's Maiden Name *Mattie Myers* Mother's Birthplace *A. C. G. Ind.*
Name of person giving Information *John Campbell* How related to deceased *Son*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Cerebral Apoplexy* How long *64* ✓
Immediate *Hemorrhage* How long *few moments*
Are the name, age, sex, color, data and place correctly given above? *Yes*
Signature of Physician *John D. Durrall M.D.* Address *Springfield Ind.*
Accident or Suicide *-*



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Alfred L. Carrick

Died at ^{Town} Mitchellville ^{County} P. G.

MARYLAND

Date of death 1909 Sept 22 Age 2 Months 4 Days

Sex Male Color or Race White Birth-place Mitchellville Md.

Occupation None Where Residing if not at place of death

Married, Single or Widowed Single Name of Wife or Husband

Father's Name Walter B Carrick Father's Birthplace Md. Co. Md.

Mother's Maiden Name Blanch C Carrick Mother's Birthplace P. G. Co. Md.

Name of person giving Information Walter B Carrick How related to deceased Father

Heavy wagon passed over

CAUSES OF DEATH

166

Primary Lower part of both lungs, crushing same. How long

Can not breathe of the lungs

Immediate How long

Hemorrhage

four (4) hours.

Are the name, age, sex, color, data and place correctly given above?

Signature of Physician

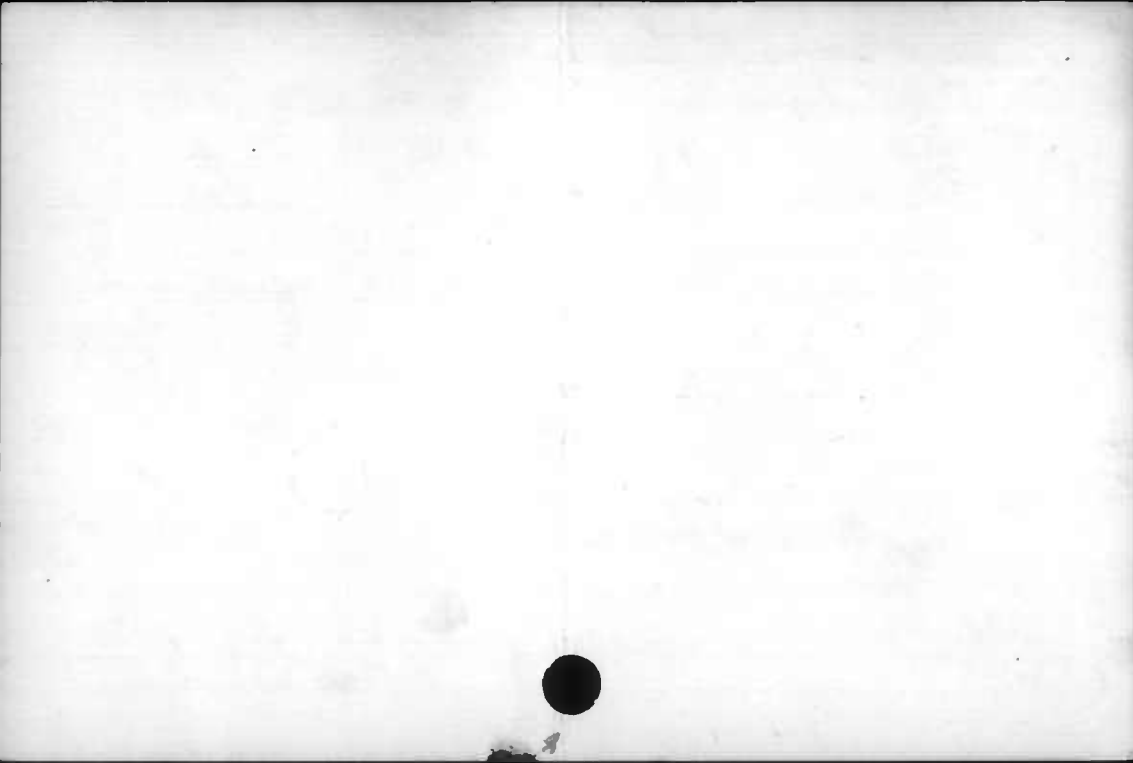
J. H. Carroll, M.D.

Address

Springfield Md.

Accident or Suicide

Accident



Name
in
Full

Mamie Courtney

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Mt Kainer ^{County} Prince Georges MARYLAND

Date of death 1909 9 17 Age 82

Sex Female Color or Race White Birth-place Va

Occupation Housewife Where Residing if not at place of death Allaine Ohio

Married, Single or Widowed Married Name of Wife or Husband W. H. Courtney

Father's Name Samuel Smith Father's Birthplace Va

Mother's Maiden Name Mary H. Winecup Mother's Birthplace Va

Name of person giving Information Mrs Magnuder How related to deceased Sister

CAUSES OF DEATH

30

✓

PHYSICIAN
OR CORONER

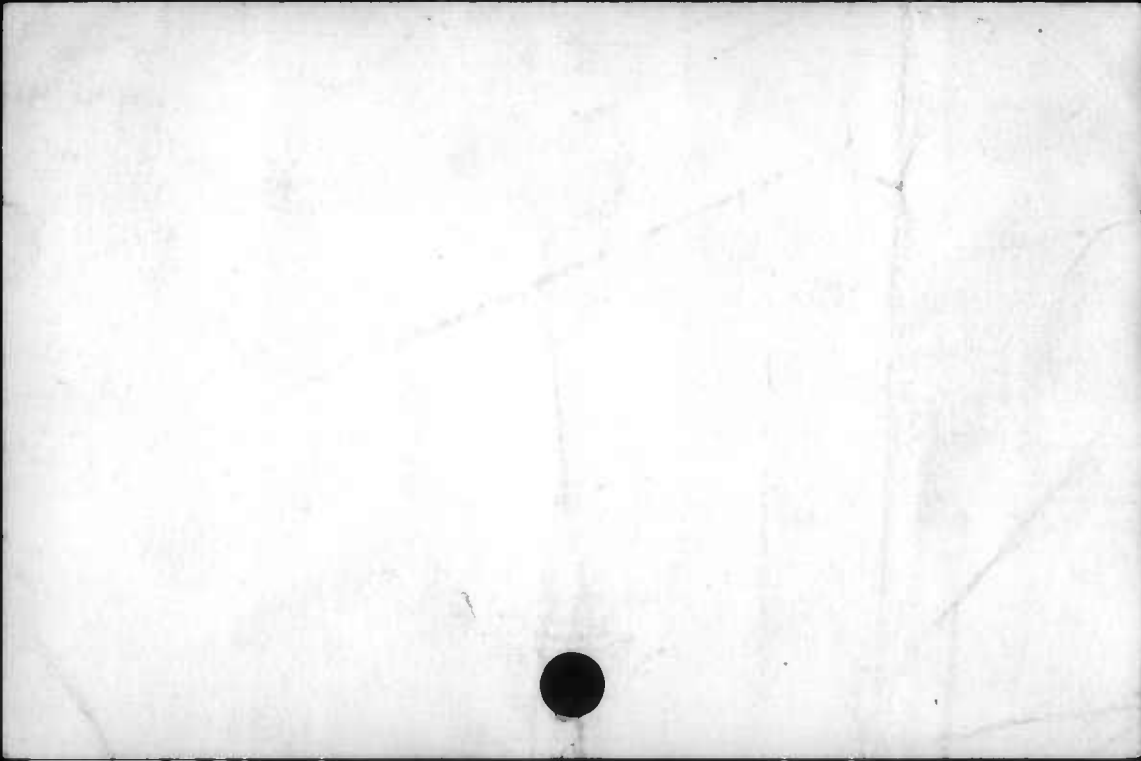
Primary T. B. of Spine How long 2 wks

Immediate Mania from vomiting How long 5 days

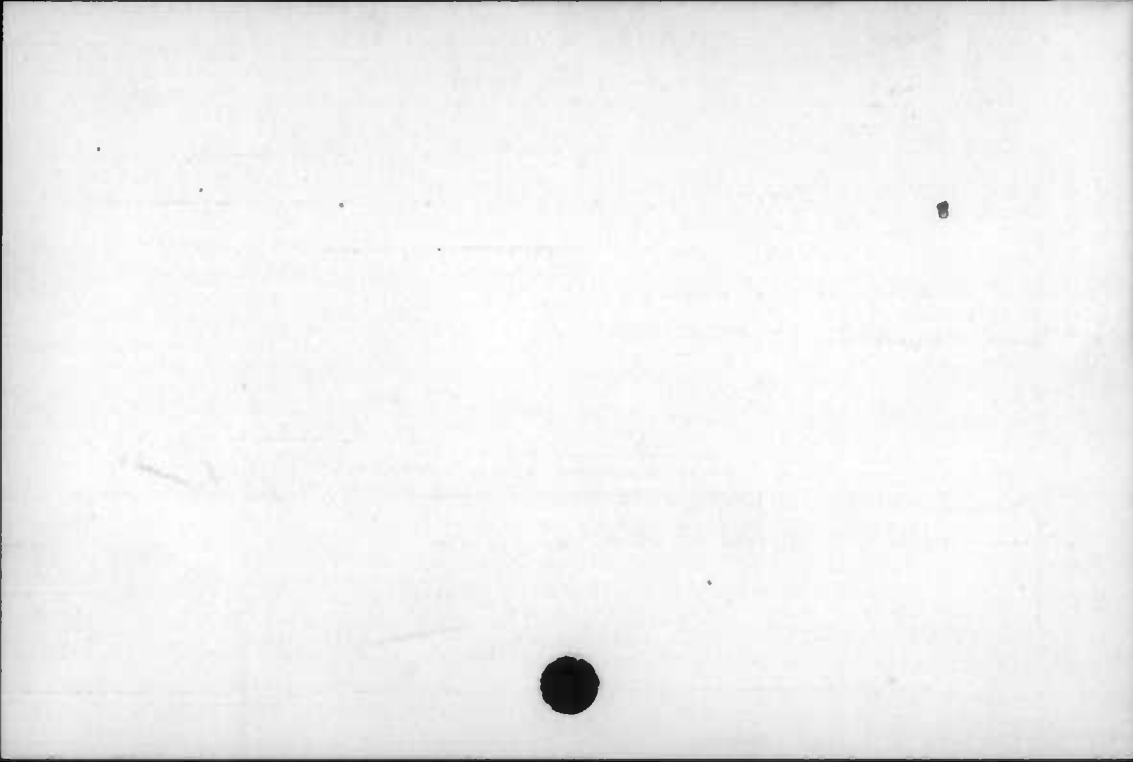
Are the name, age, sex, color, data and place correctly given above? Yes

Signature of Physician Harry Kelley M.D. Address Mt. Kainer Ind

Accident or Suicide



Name in Full		WILLIAM P. H. CREW				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at	Laurel		Prince George		MARYLAND		
	Date of death	190	9	30	66	—	—	
	Sex	male		Color or Race	White		Birth-place	District Columbia
	Occupation	Printer		Where Residing if not at place of death				Washington D.C.
	Married, Single or Widowed	Widowed		Name of Wife or Husband				M. H. Crew
	Father's Name	not known				Father's Birthplace	Maryland	
	Mother's Maiden Name	not known				Mother's Birthplace	Unknown	
Name of person giving information	Mrs A. P. Johnson				How related to deceased	Daughter		
CAUSES OF DEATH								
PHYSICIAN OR CORONER	Primary	Artero-sclerosis				How long	Several years	
	Immediate	apoplexy				How long	3 days	
	Are the name, age, sex, color, date and place correctly given above?				yhs			
	Signature of Physician				Amelius DeWeese,			
	Address				Laurel, Md.			
Accident or Suicide?				none				



Name
in
Full

CERTIFICATE OF DEATH

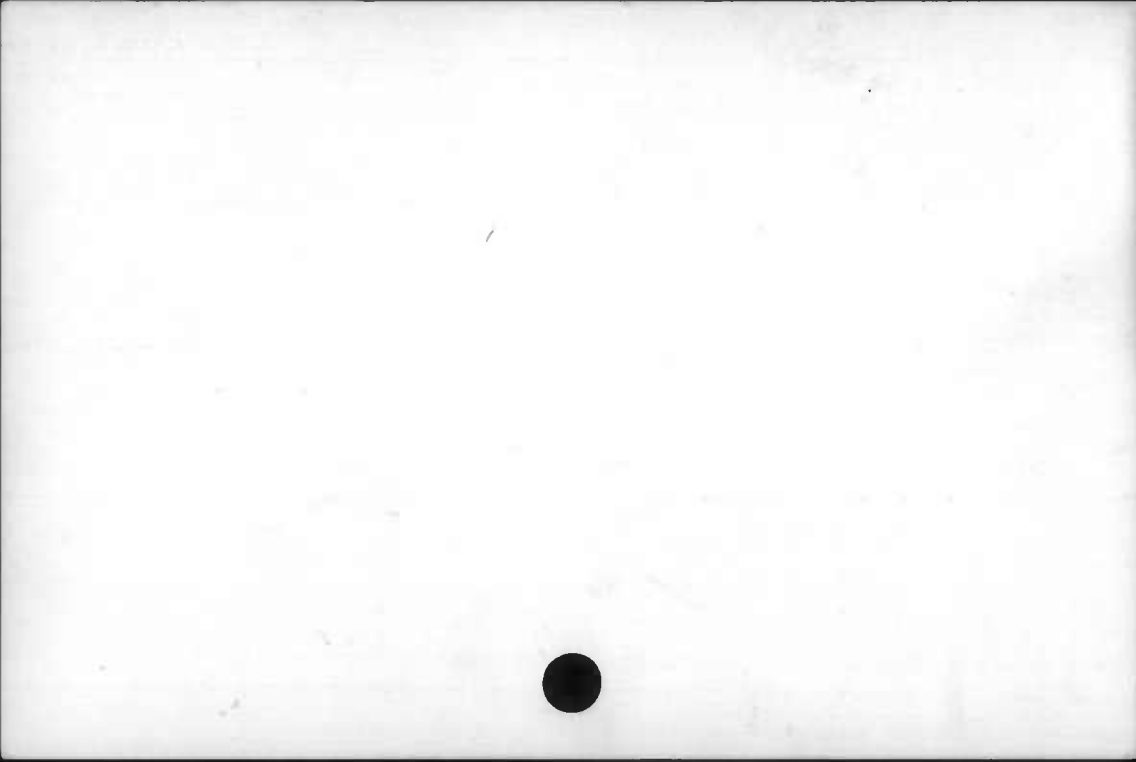
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Upper Marlboro</i>		Town <i>Prince Georges</i>		County		MARYLAND	
Date of death	190 <i>9</i>	Month <i>9</i>	Day <i>23</i>	Age <i>18</i>	Years	Months	Days
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth-place <i>Maryland</i>				
Occupation <i>Cook</i>			Where Residing if not at place of death				
<input checked="" type="checkbox"/> Married, Single or Widowed			Name of Wife or Husband				
Father's Name <i>Henry Diggs</i>			Father's Birthplace <i>Maryland</i>				
Mother's Maiden Name <i>Mary Hunt</i>			Mother's Birthplace <i>Maryland</i>				
Name of person giving Information			How related to deceased <i>Father</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Typhoid Fever</i>	How long	<i>Three weeks</i>
Immediate	<i>Intestinal Hemorrhage</i>	How long	<i>Three days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>		Signature of Physician <i>Rev. J. J. Jones</i>	
		Address <i>Upper Marlboro</i>	
Accident or Suicide			



Name
in
Full

CERTIFICATE OF DEATH

Alice S Hall

Town

County

MARYLAND

Died at

Near Bowie P. G.

Date

of death

1909

Month

Sep

Day

18

Age

Years

82

Months

3

Days

7

Sex

Female

Color or
Race

Colord

Birth-
place

West Va

Occupation

House work

Where Residing if not
at place of death

Married, Single
or Widowed

Married

Nama of Wife or
Husband

Richard Hall

Father's
Name

Unknown

Father's
Birthplace

Unknown

Mother's
Maiden Name

"

Mother's
Birthplace

"

Name of person giving
Information

William Bulan

How related
to deceased

Grandson

CAUSES OF DEATH

Primary

Bright's Disease

120

How long

4 months

Immediata

Heart Failure

How long

Immediate

Are the nama, age, sax, color, data
and place correctly given above?

yes

Signature of
Physician

Address

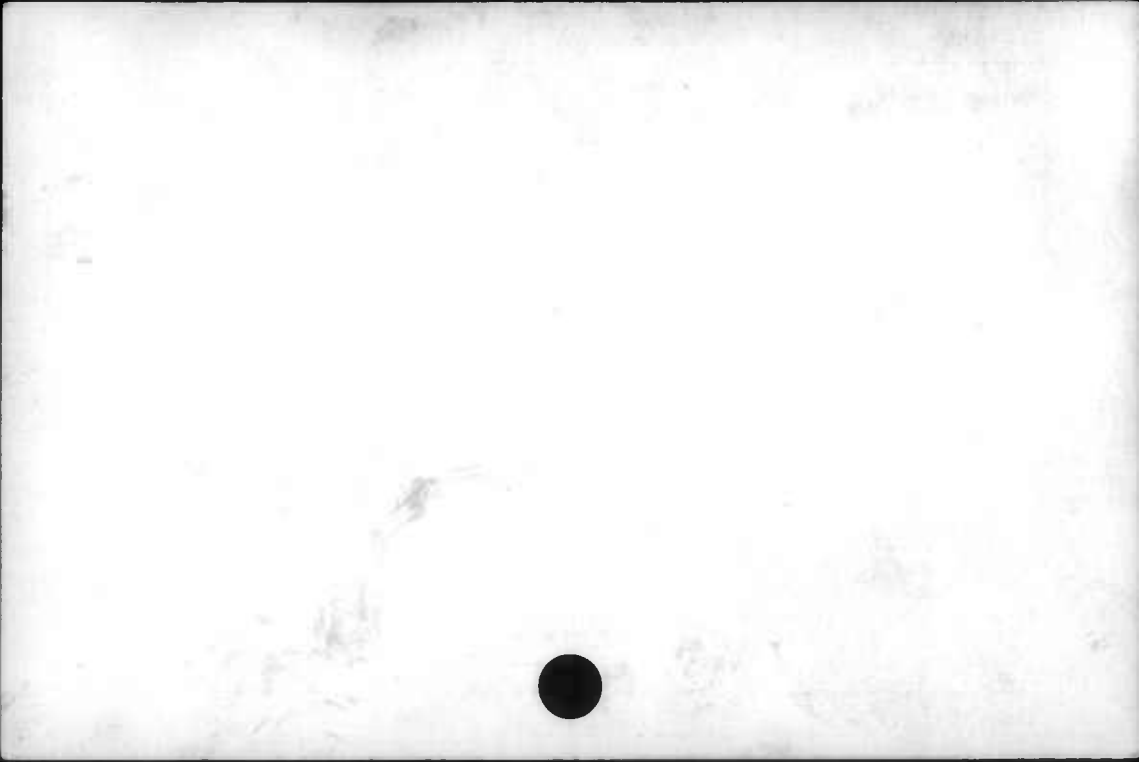
James H. Smith
Bowie Md

Accident or Suicida

no

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

Ralph Harnish

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *bet. Harnier* ^{Town} *Prince Georges* ^{County} **MARYLAND**

Date of death 190 *9* ^{Month} *9* ^{Day} *3* ^{Years} *8* ^{Months} *-* ^{Days} *-*

Sex *Male* Color or Race *White* Birthplace *Halifax N.S.*

Occupation *-* Where Residing if not at place of death *-*

Married, Single or Widowed *-* Name of Wife or Husband *-*

Father's Name *Nathaniel Harnish* Father's Birthplace *Halifax N.S.*

Mother's Maiden Name *Mary Harnish* Mother's Birthplace *Halifax N.S.*

Name of person giving Information *Nathaniel Harnish* How related to deceased *Brother*

CAUSES OF DEATH

7

PHYSICIAN
OR CORONER

Primary *Scarlet Fever* How long *3 weeks*

Immediate *Cellulitis of neck* How long *1 week*

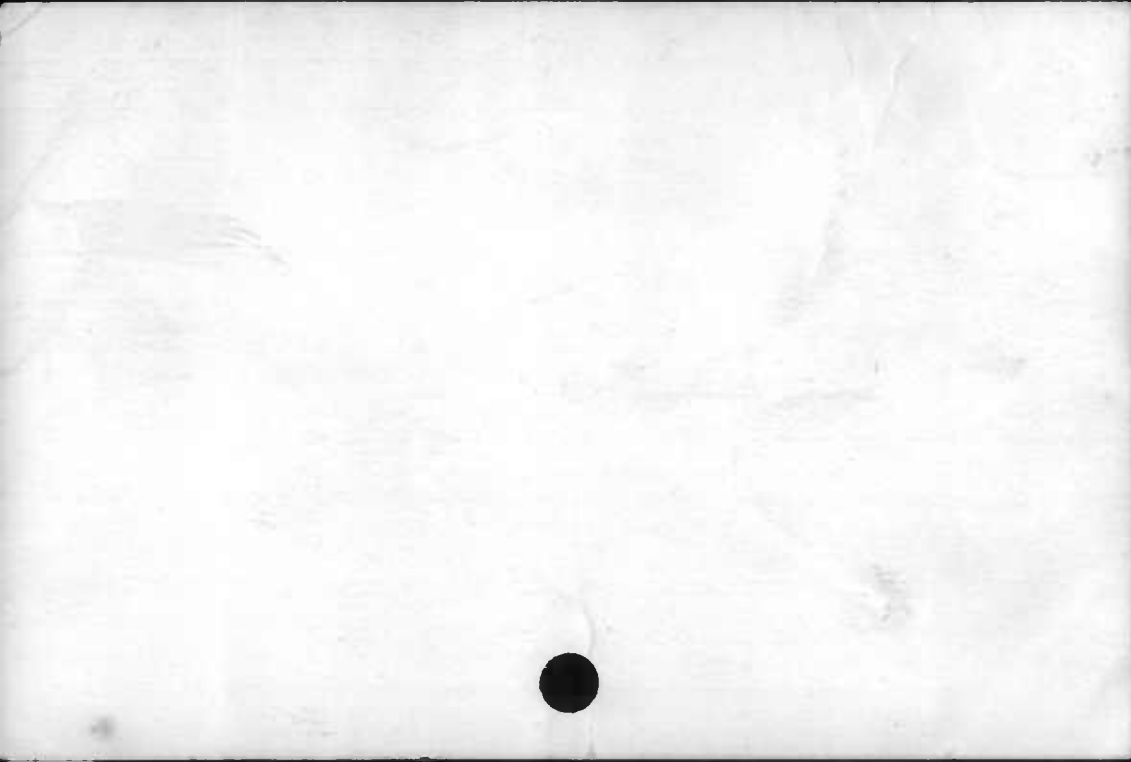
Are the name, age, sex, color, data and place correctly given above? *Yes*

Signature of
Physician

Address

Harry Kelley M.D.
bet. Harnier

Accident or Suicide



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Johanna Korwell* Town *New Catby* County *Pr. Geo.*

Died at *New Catby* Date of death *1909 Sept. 23* Age *83* Months *—* Days *—*

Sex *Female* Color or Race *White* Birth-place *Chas Co.*

Occupation *Housewife.* Where Residing if not at place of death *—*

Married, Single or Widowed *Widow* Name of Wife or Husband *John Henry Korwell*

Father's Name *Halper Harpur.* Father's Birthplace *Alabama.*

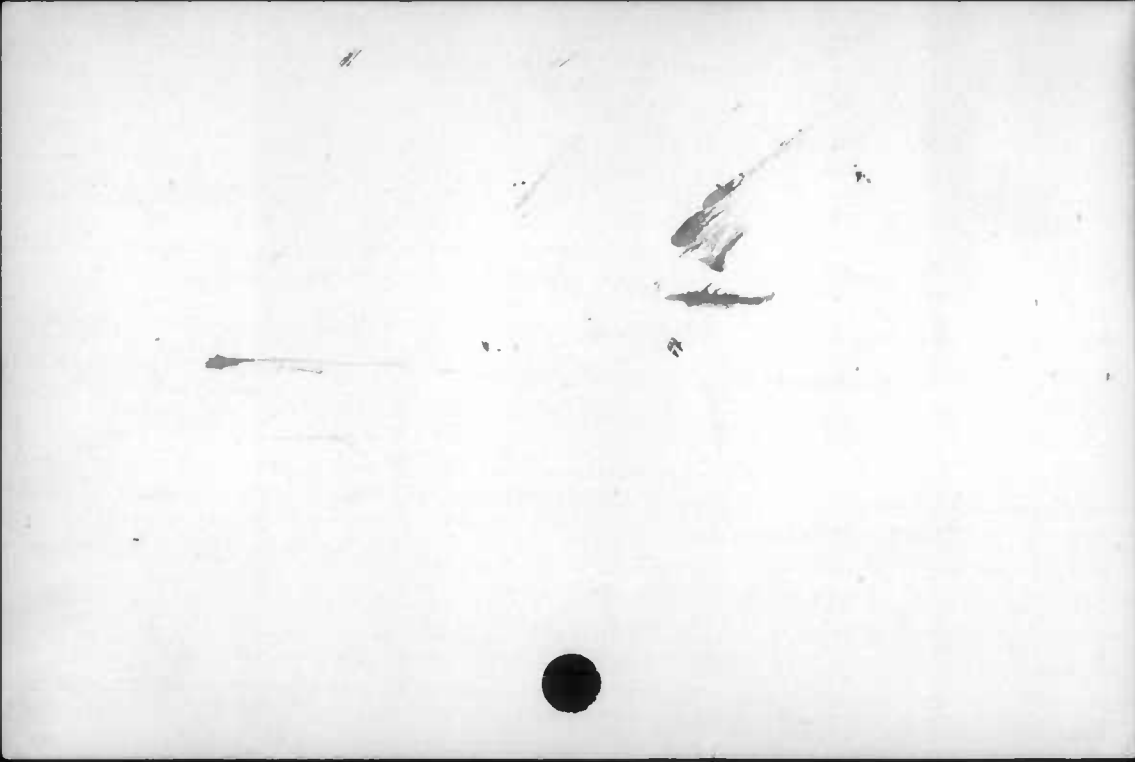
Mother's Maiden Name *Catharine Langley.* Mother's Birthplace *Chas Co*

Name of person giving information *Mrs Adam Weichler.* How related to deceased *Mother.*

CAUSES OF DEATH

154

PHYSICIAN
OR CORONERPrimary *Infirmities of Age.*Immediate *"*Are the name, age, sex, color, date and place correctly given above? *yes.*Signature of Physician *E. J. Hurth M.D.*Address *Piscataway, Md.*Accident or Suicide? *—*



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

John Henry Noble Johnson
Died at *Callington* Town *P. G.* CountyDate of death 1909 *Sept* Month *10* Day *Age* *3* Months *1* DaysSex *Boy* Color or Race *Colord* Birth-place *Callington Md*Occupation *None* Where Residing if not at place of death *Callington*Married, Single or Widowed *—* Name of Wife or Husband *—*Father's Name *Alfred W Johnson* Father's Birthplace *Mitchellville Md*Mother's Maiden Name *Hattie Harrison* Mother's Birthplace *Mitchellville Md*Name of person giving Information *Alfred W Johnson* How related to deceased *Father*

CAUSES OF DEATH

179

Primary *Marasmus* How long *2 months*Immediate *Marasmus* How long *2 weeks*Are the name, age, sex, color, data and place correctly given above? *yes*

Signature of Physician

Address

James H. Truitt
*Bowie*Accident or Suicide *no**Md*PHYSICIAN
OR CORONER



Name
in
Full

Charles Leroy all Johnston

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Bethesda</u> ^{Town}		<u>Prince George</u> ^{County}		MARYLAND	
Date of death	1909	Month	Sept	Day	6
Age	14	Years		Months	3
Sex	Male	Color or Race	White	Birth-place	Washington D.C.
Occupation	Student	Where Residing not at place of death			

Maided, Single or Widowed	Name of Wife or Husband	
Father's Name	Reuben L. Grand Johnston	Father's Birthplace
Mother's Maiden Name	Mary Virginia all Carter	Mother's Birthplace
Name of person giving information	Mary Virginia Johnston	How related to deceased
		Mother

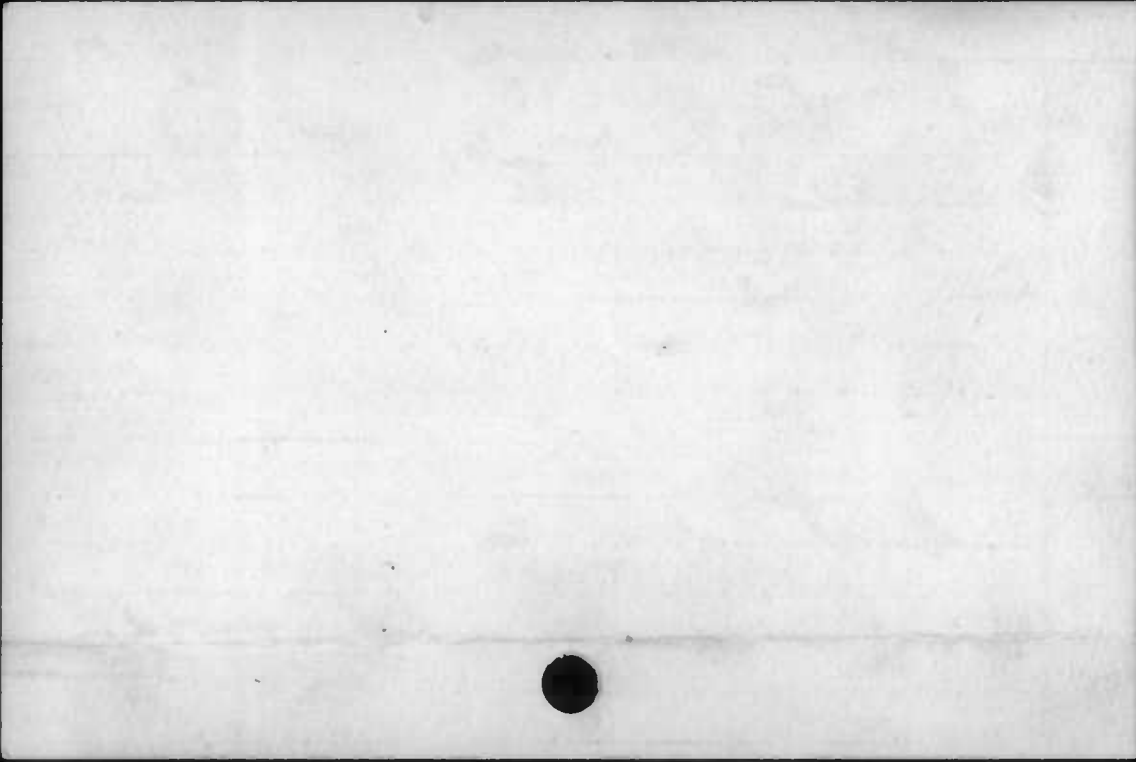
CAUSES OF DEATH

166

✓

PHYSICIAN
OR CORONER

Primary	Shot him. sup with Rifle	How long	A few minutes
Immediate	Internal Hemorrhage	How long	" "
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	C. A. Fox
		Address	Bethesda Md
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Army Sybella Little
Mt. Rainier Town *P. W. Co.* County

MARYLAND

Date

of death

1909 Year *9* Month *2* Day *61* Age

Months

Days

Sex

Female

Color or
Race

White

Birth-
place

Phila.

Occupation

Housewife

Where Residing if not
at place of death

-

Married, Single

Name of Wife or
Husband

Isaac Little

Father's
Name

Unknown

Father's
Birthplace

Phila Pa

Mother's
Maiden Name

"

Mother's
Birthplace

" "

Name of person giving
Information

-

How related
to deceased

CAUSES OF DEATH

Primary

Gastric Cancer
Exhaustion

How long

2 yrs

Immediate

How long

2 weeks

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

J. S. Arnold
Washington
D. C.

PHYSICIAN
OR CORONER

Accident or Suicide



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

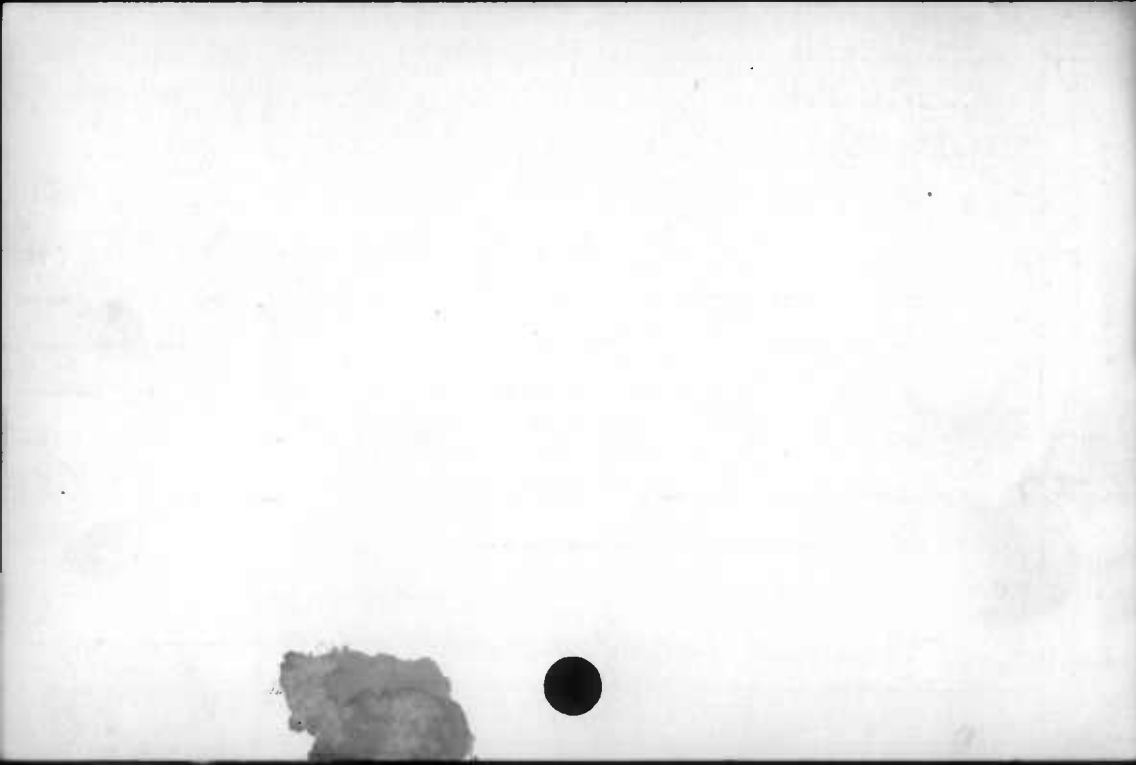
Died at <i>Sat Pleasant</i> ^{Town} <i>Prince George</i> ^{County}		MARYLAND	
Date of death <i>1909</i>	Month <i>Sept.</i>	Day <i>7</i>	Age <i>60</i>
Sex <i>Female</i>	Color or Race <i>Colored</i>	Birth-place <i>Ind.</i>	Months <i>—</i>
Occupation <i>Domestic</i>	Where Residing if not at place of death <i>at place of death.</i>		
Married, Single or Widowed <i>Widowed</i>	Name of Wife or Husband <i>John Magruder</i>		
Father's Name <i>Joseph Queen</i>	Father's Birthplace <i>Maryland</i>		
Mother's Maiden Name <i>Eliza Tennard</i>	Mother's Birthplace <i>Maryland</i>		
Name of person giving Information <i>Victoria Walker</i>	How related to deceased <i>Daughter</i>		

CAUSES OF DEATH

109

PHYSICIAN
OR CORONER

Primary <i>Intestinal hemorrhage</i>	How long <i>3 days.</i>
Immediate <i>Exhaustion</i>	How long <i>1 day.</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>L. S. Savage</i>
	Address <i>Bermin. D.C.</i>
Accident or Suicide?	



Name
in
Full

Charlotte Beebe Marsh

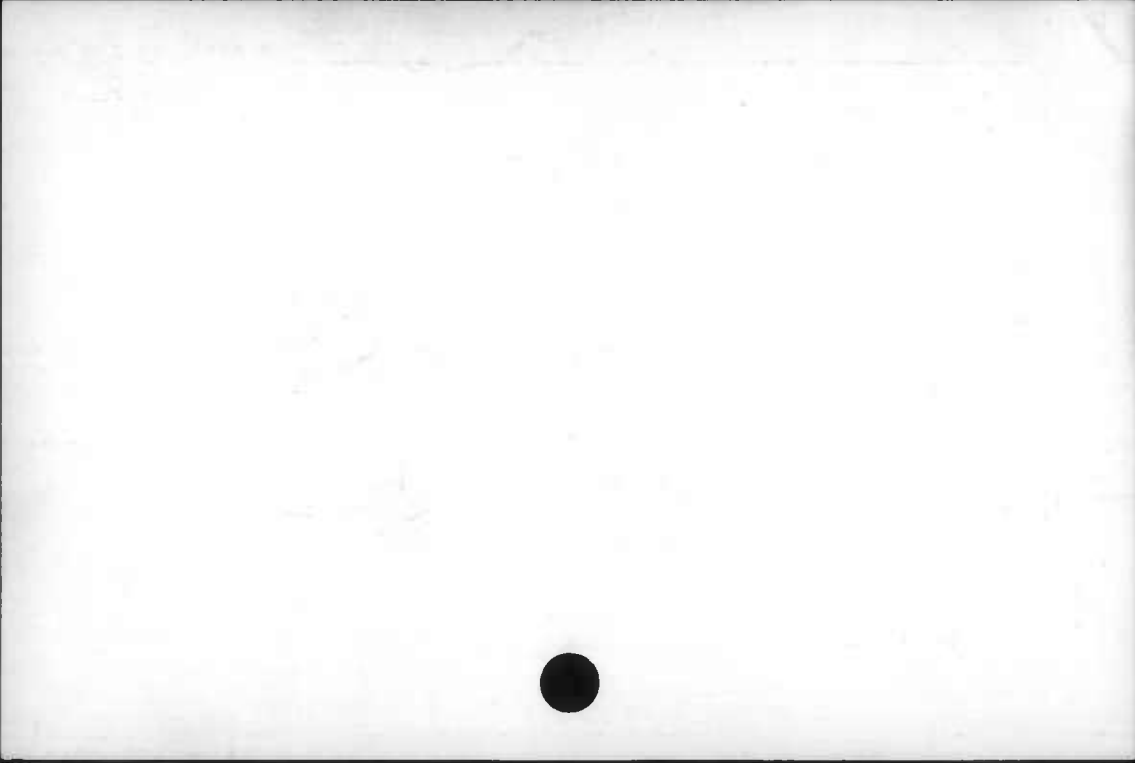
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Laurel		County Prince George		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1909		9	26	66	5	26	
Sex		Color or Race		Birth-place			
Female		White		Connecticut			
Occupation		Where Residing if not at place of death					
Housewife		Washington.					
Married, Single or Widowed		Name of Wife or Husband					
Married		William L. Marsh					
Father's Name		Father's Birthplace					
Francis L. Beebe		Connecticut.					
Mother's Maiden Name		Mother's Birthplace					
Emma Lomstock		Connecticut					
Name of person giving Information		How related to deceased					
Husband - W. L. Marsh							

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	Diabetes Mellitus	How long	50	✓
	Immediate	Exhaustion	How long	10 years?	
	Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	3 months	Amelius DeWese, M.D.
	Address	Laurel, Md.			
Accident or Suicide	no				



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Name *Bertie Moore*

Died at *Forestville* *P. G.* County

Date of death *1909* *9* Month *9* Day *9* Age *1* Years Months Days

Sex *Female* Color or Race *White* Birth-place *MD*

Occupation *woman* Where Residing if not at place of death *—*

☒ Married, Single *Single* or Widowed Name of Wife or Husband *—*

Father's Name *Joseph W. Moore* Father's Birthplace *MD*

Mother's Maiden Name *Elizora Thomas* Mother's Birthplace *MD*

Name of person giving information *Joseph W. Moore* How related to deceased *Father*

CAUSES OF DEATH

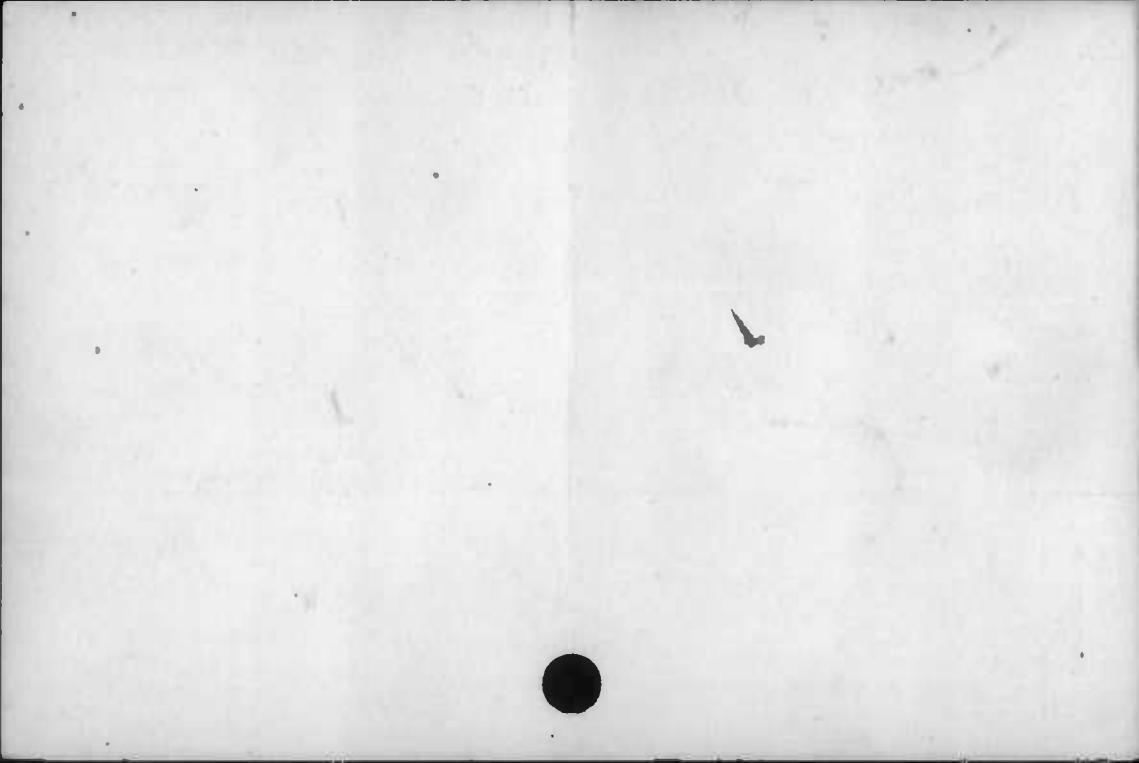
179PHYSICIAN
OR CORONERPrimary *Dementia* How long *3 mo*Immediate *Marasmus* How long *3 mo*Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician

Address

Accident or Suicide?

*neither**John E. Sausbury*
Forestville
MD



Name
in
Full

John Elmer Newman

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Diad/at ^{Town} Oxon Hill ^{County} Prince Georges ^{MARYLAND}
Date of death 1909 ^{Month} 9 ^{Day} 16 ^{Age} 2 ^{Months} 9 ^{Days} -
Sex Male ^{Color or Race} colored ^{Birth-place} Md.
Occupation _____ Where Residing if not at place of death _____

Married, Single or Widowed

Name of Wife or Husband

Father's Name

William Newman

Father's Birthplace

Md.

Mother's Maiden Name

Elizabeth Riley

Mother's Birthplace

Md.

Name of person giving Information

John Paul

How related to deceased

Uncle

CAUSES OF DEATH

107

✓

PHYSICIAN
OR CORONER

Primary

Intestinal Parasites several weeks

Immediate

Peritonitis

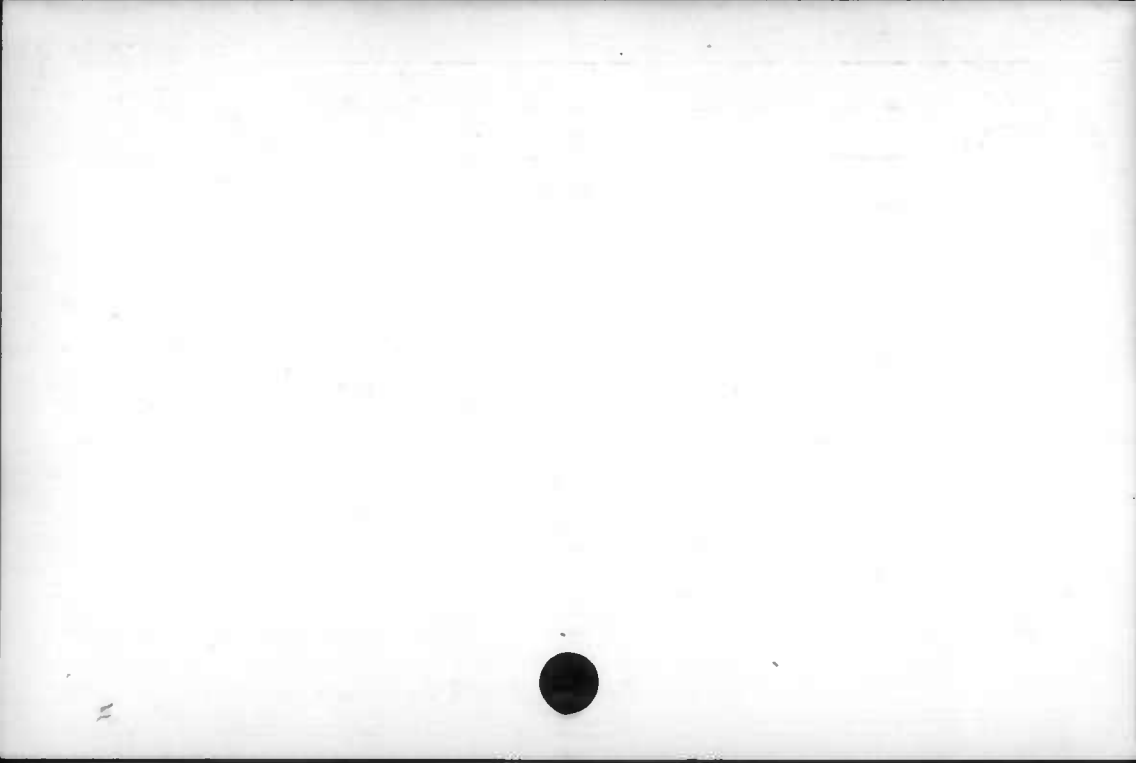
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

A.P. Simpson M.D.
Rosecrans Md.

Address

Accident or Suicide



Name
in
Full

Mary Agnes Redmond.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

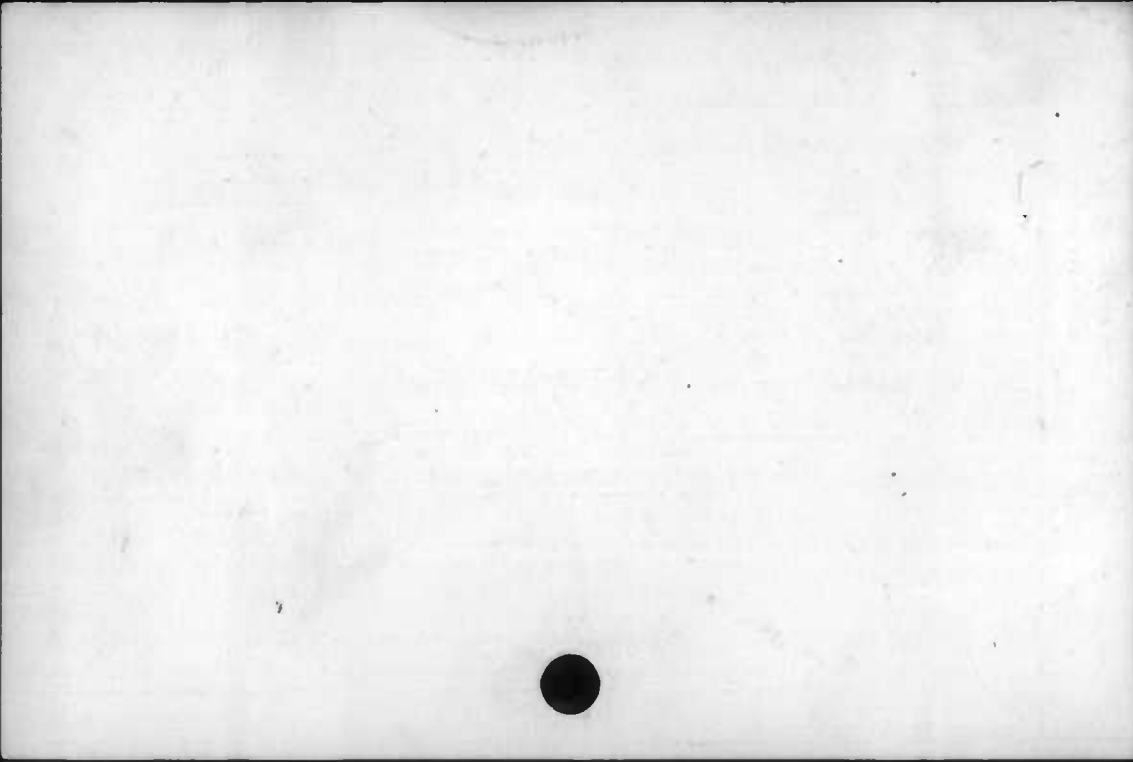
Died at		Town Laurel		County Pr. Dep.		MARYLAND	
Date of death		1909	Month Sep.	Day 3	Age 28	Years	Months Days
Sex Female		Color or Race White		Birth- place Laurel			
Occupation Horse Keeper		Where Residing if not at place of death Laurel					
Married, Single or Widowed Widow		Name of Wife or Husband Charles J. Redmond					
Father's Name Oliver Burgess		Father's Birthplace Laurel					
Mother's Maiden Name Christine Brashears		Mother's Birthplace Laurel					
Name of person giving In formation Mrs. Josephine E. Baker		How related to deceased Aunt					

CAUSES OF DEATH

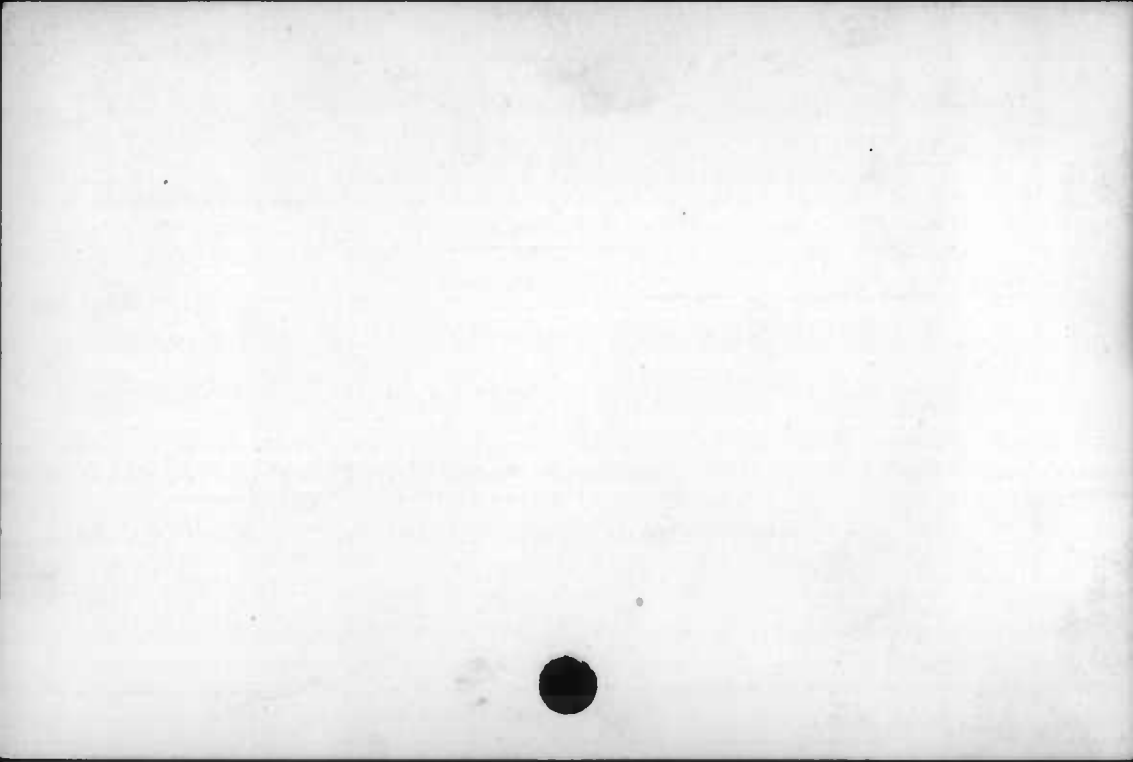
27

PHYSICIAN
OR CORONER

*Primary	Pulmonary Tuberculosis	How long	6 Months
Immediate	General Debility	How long	2 weeks
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		J. R. Smith	
Address		Laurel Ind	
Accident or Suicide?			



Name in Full		Lester Riley				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	TOWN Laurel		COUNTY P. Geo		MARYLAND	
	Date of death	1909	Month Sept	Day 13	Age 2	Years 3	Months 1-
	Sex	Male		Color or Race	White		Birth- place
	Occupation	Int. J. Ann		Where Residing if not at place of death		Laurel	
	Married, Single or Widowed	Mar		Name of Wife or Husband		None	
	Father's Name	Charles Riley				Father's Birthplace	Va
	Mother's Maiden Name	Bertha Thompson				Mother's Birthplace	Va
	Name of person giving In formation	Chas Thompson				How related to deceased	Father
PHYSICIAN OR CORONER	CAUSES OF DEATH						(63) ✓
	Primary	Infantile Spinal Paralysis				How long	6 Months
	Immediate	Anemia				How long	2 weeks
	Are the name, age, sex, color, date and place correctly given above?				yes		
	Signature of Physician				W. F. Taylor M.D.		
				Address			Laurel Md
Accident or Suicide?							



Oden Bowie Roberts

CERTIFICATE OF DEATH

Died at *Brightseat* ^{Town} *Prince Georges* ^{County} **MARYLAND**
 Date of death 1909 *Sept.* ^{Month} *25* ^{Day} Age *30* ^{Years} *5* ^{Months} *29* ^{Days}
 Sex *Male* Color or Race *White* Birth-place *Brightseat-*
 Occupation *clerk* Where Residing if not at place of death

Married, Single or Widowed *Single* Name of Wife or Husband

Father's Name *J.O.W. Roberts*

Father's Birthplace *Brightseat-Md*

Mother's Maiden Name *Alice Bowie*

Mother's Birthplace *Collington-Md*

Name of person giving Information *Erasmus Roberts*

How related to deceased *Male*

CAUSES OF DEATH

Primary *a Mitral insufficiency & Cerebral embolism*

How long (a) *Don't know*
(b) *12 hours*

Immediate *Coma*

How long *12 hours*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *Chas. M. Beall M.D.*

Address

*39-17th St. NW.
Washington, D.C.*

Accident or Suicide

The figures 17 and 20 at

Odessa Bonnie Roberts

Enrico To Graham

Myatt, m. d.

Name
in
Full

Herrel Summers Rochester -

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Truxedo ^{Town} Bowie ^{County} MARYLAND

Date of death 1909 ^{Month} Sept. ^{Day} 17 ^{Age} 3 ^{Years} 13 ^{Months} 13 ^{Days}

Sex male Color or Race white Birth-place Ind.

Occupation infant Where Residing if not at place of death —

Married, Single or Widowed — Name of Wife or Husband —

Father's Name Samuel H. Rochester Father's Birthplace S. C.

Mother's Maiden Name Zura Rochester Mother's Birthplace A. C.

Name of person giving information Samuel H. Rochester How related to deceased father

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary gastro-intestinal

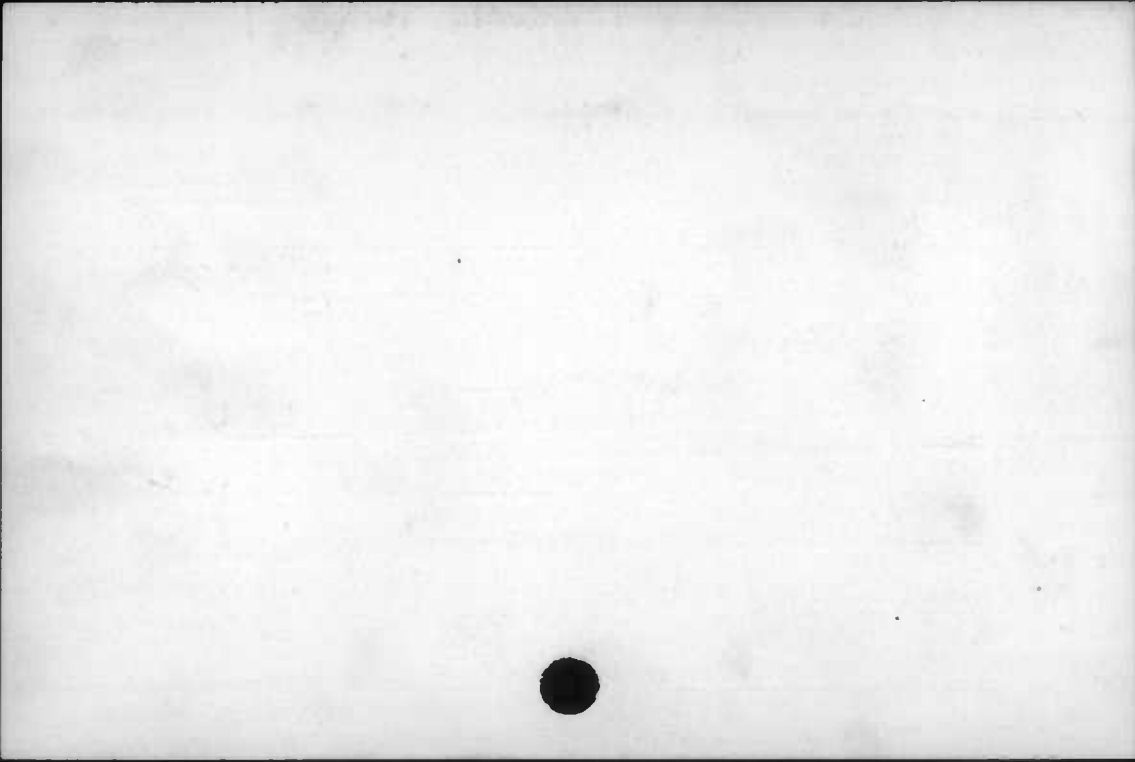
Immediate asthenia

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician J M Brady

Address Kenilworth, N. C.

Accident or Suicide? —



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>College Park</i> ^{Town}		<i>Prince George</i> ^{County}		MARYLAND	
Date of death <i>1909</i>	<i>Sept</i> ^{Month}	<i>27</i> ^{Day}	Age <i>36-45</i> ^{Years}	<i>7</i> ^{Months}	<i>2</i> ^{Days}
Sex <i>Female</i>	Color or Race <i>Negro</i>		Birth-place <i>Hyattsville</i>		
Occupation <i>Housewife</i>	Where Residing if not at place of death				
Married, Single <i>Married</i>	Name of Wife or Husband <i>Wm Ross</i>				
Father's Name <i>Geo Barton</i>	Father's Birthplace <i>Md.</i>		Mother's Birthplace <i>Md.</i>		
Mother's Maiden Name <i>Jane Blapton</i>	How related to deceased <i>Husband.</i>		<i>27</i>		
Name of person giving information <i>(Husband) Wm Ross</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Chr. Ulcerative Pulmonary Tuberculosis</i>	How long <i>1 1/2 yrs.</i>
Immediate <i>Asthma + Emphysema</i>	How long <i>about 18 months</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes.</i>	Signature of Physician <i>R. H. Conklin</i>
<i>9</i>	Address <i>Box 266</i>
Accident or Suicide? <i>9</i>	<i>Hyattsville Md.</i>



Name
in
Full

CERTIFICATE OF DEATH

William Henry Rozier

Town

County

MARYLAND

Died at Upper Marlboro

Date

of death

1909

Month

9

Day

25

Age

Years

22

Month

Day

Sex

Male

Color or
Race

Black

Birth-
place

Occupation

Waiter

Where Residing if not
at place of deathMarried, Single
or Widowed

Single

Name of Wife or
HusbandFather's
Name

Frank Rozier

Father's
Birthplace

P. Y. C. Ind

Mother's
Maiden Name

Ella Boston

Mother's
Birthplace

" " " "

Name of person giving
Information

Frank Rozier

How related
to deceased

Father

CAUSES OF DEATH

27

✓

Primary

Tuberculosis

How long

1 year

Immediate

Exhaustion

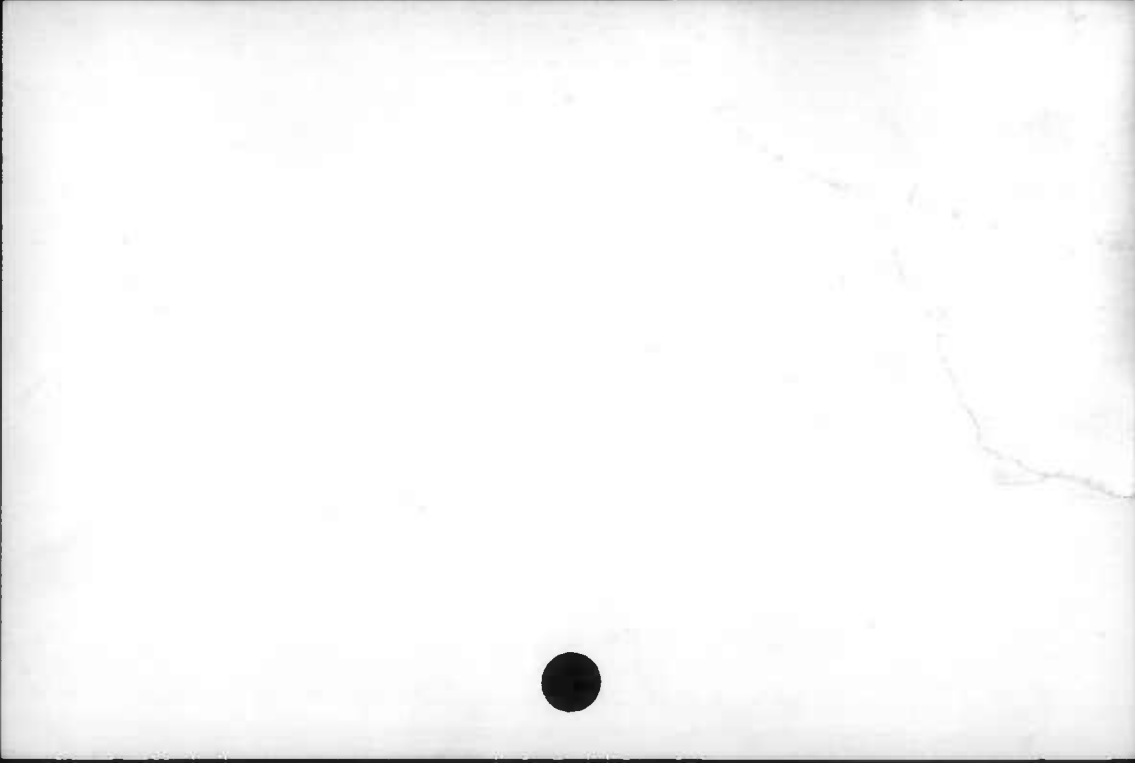
How long

Are the name, age, sex, color, date
and place correctly given above?Signature of
PhysicianRenee J. Sussner
Upper Marlboro
Md

Address

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

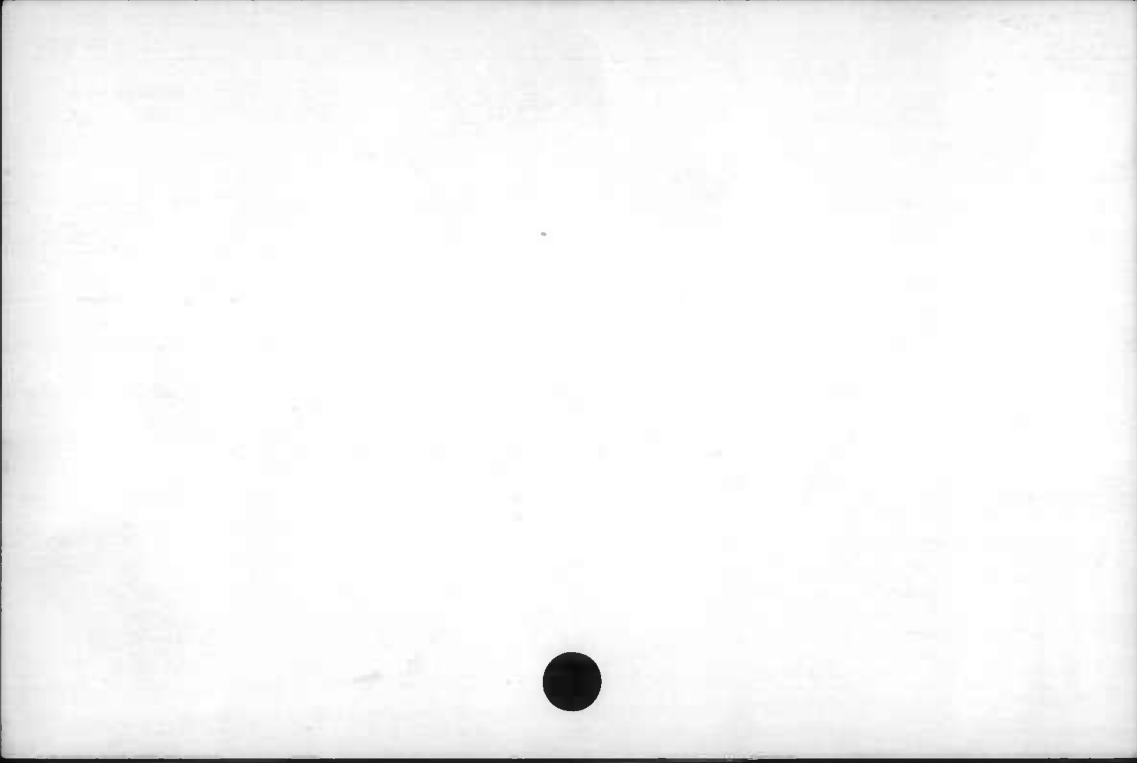
Name in Full <i>Guy W. Rushe</i>		Town <i>Hyattsville</i>		County <i>Prince Geo.</i>		State <i>MARYLAND</i>	
Died at <i>Hyattsville</i>		Month <i>Sept</i>		Day <i>2</i>		Age <i>3 1/2</i>	
Date of death <i>1909</i>		Month <i>Sept</i>		Day <i>2</i>		Years <i>3 1/2</i>	
Sex <i>male</i>		Color or Race <i>white</i>		Birth-place <i>md.</i>		Days <i>7</i>	
Occupation <i>—</i>				Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>Frank Rushe</i>		Father's Birthplace <i>D.C.</i>					
Mother's Maiden Name <i>Lillian Johnson</i>		Mother's Birthplace <i>md.</i>					
Name of person giving Information <i>Frank Rushe</i>		How related to deceased <i>Father</i>					

CAUSES OF DEATH

179

PHYSICIAN
OR CORONER

Primary <i>Marasmus</i>	How long <i>4 mo</i>
Immediate <i>Cardiac failure</i>	How long <i>2 wks</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Sam W. Batemert</i>
	Address <i>Hyattsville</i>
Accident or Suicide <i>Neither</i>	<i>md</i>



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

James W. H. Sansbury
Town New. Glady County Pr Geo

Died at
Date of death 1909 9 4 Age 44 Months 10 Days 16

Sex Male Color or Race White Birth-place Md.

Occupation Farmer Where Residing if not at place of death Home

Married, ~~Single~~ ~~as widowed~~ Name of Wife or Husband Mary S. Sansbury

Father's Name Lytle P. Sansbury Father's Birthplace Md.

Mother's Maiden Name Letitia S. Jones Mother's Birthplace Md.

Name of person giving Information Mary B. Sansbury How related to deceased wife

CAUSES OF DEATH

(39)

PHYSICIAN
OR CORONER

Primary Epitheliomata lower lip + angle jaw How long 2 yrs

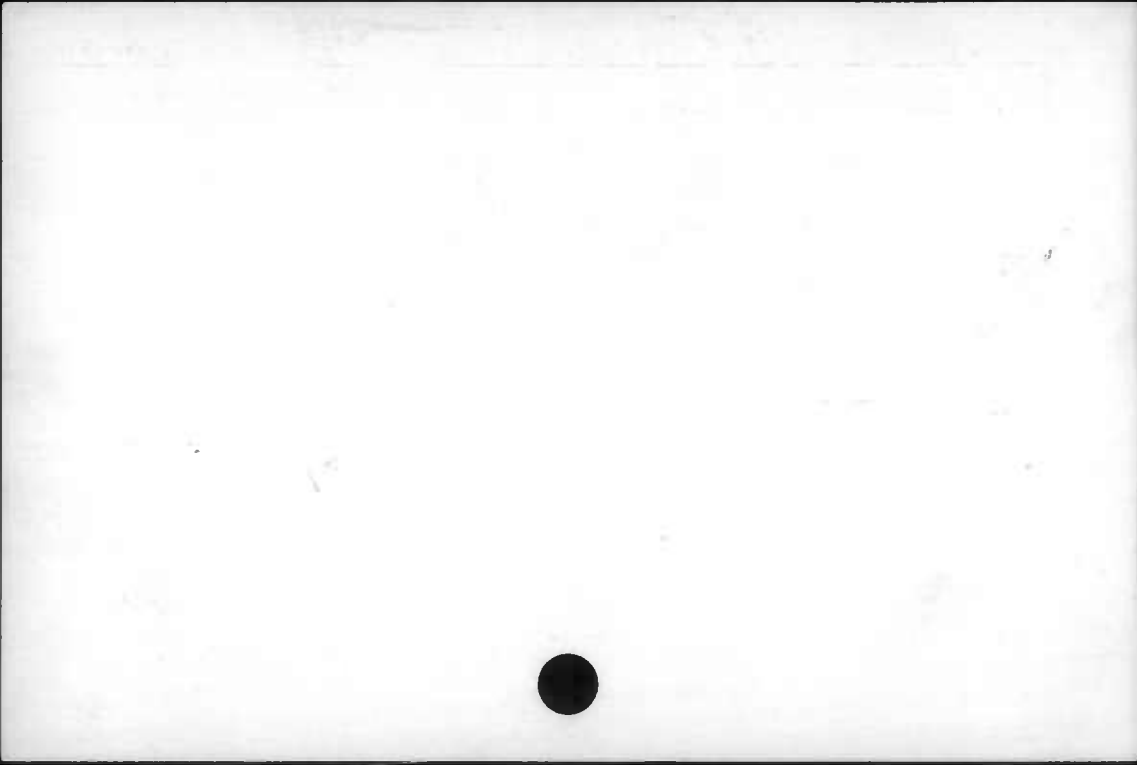
Immediate Exhaustion How long indefinite

Are the name, age, sex, color, date and place correctly given above? Geo

Signature of Physician E. P. Simpson M.D.

Address Rosacroft - Md.

Accedant or Suicide



Name
in
Full

Ydgar *H* *Shaffer*
Town County

CERTIFICATE OF DEATH

MARYLAND

Died at *Laurel*
Date of death *1909* *sept* *24* Age *4* Months *10* Days
Sex *Male* Color or Race *White* Birth-place *Laurel md*
Occupation *school boy* Where Residing if not at place of death *Laurel*
Married, Single or Widowed *Single* Name of Wife or Husband *Boy*
Father's Name *Frank Shaffer* Father's Birthplace *Laurel md*
Mother's Maiden Name *May Baldwin* Mother's Birthplace *md*
Name of person giving information *Frank Shaffer* How related to deceased *Father*

CAUSES OF DEATH

Primary *Typhoid Fever* How long *6 weeks*
Immediate *Exhaustion* How long *3 days*
Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *W F Taylor*

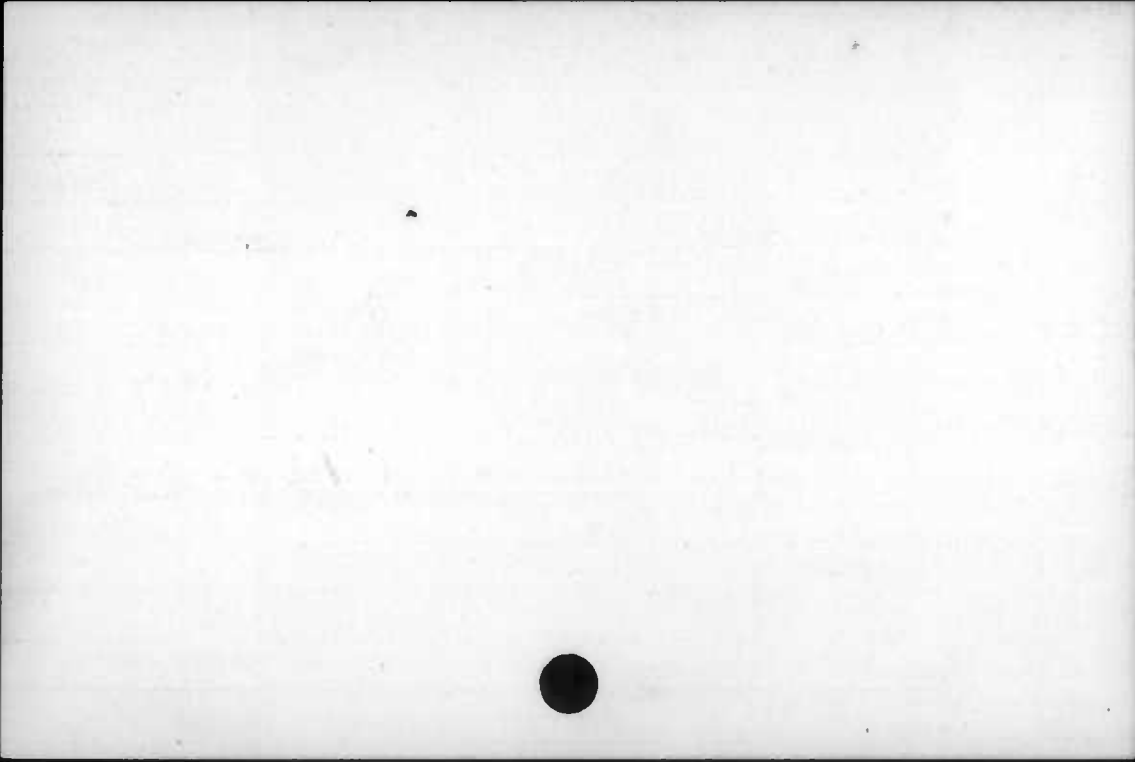
Address

Laurel Md

Accident or Suicide? *_____*

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

Esther May Shaffer

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Laurel		County P. G.		MARYLAND	
Date of death		Month Sept		Day 23		Years 13	
Sex Female		Color or Race White		Birth-place Laurel		Months 1	
Occupation School bus		Where Residing if not at place of death Laurel		Days 23			
Married, Single or Widowed Yes		Name of Wife or Husband M					
Father's Name Frank Shaffer		Father's Birthplace Laurel Md					
Mother's Maiden Name May Baldwin		Mother's Birthplace Md					
Name of person giving information Frank Shaffer		How related to deceased Father					

CAUSES OF DEATH

Primary	Typhoid Fever	How long 7 weeks
Immediate	Toxaemia	How long 1 week

Are the name, age, sex, color, date and place correctly given above?

yes

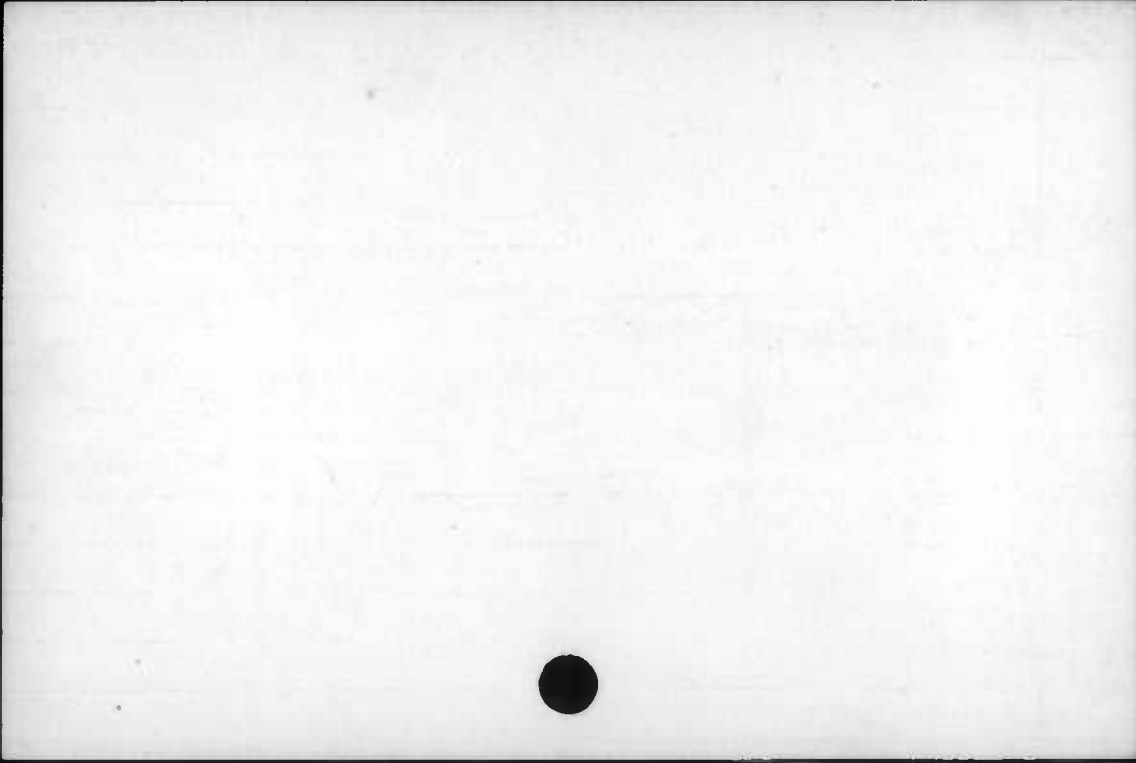
Signature of Physician

W. F. Taylor

Address

Laurel Md

Accident or Suicide?



Name
in
Full

Laura Smith

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Laurel</u> ^{Town}		<u>P. Beargle</u> ^{County}		MARYLAND	
Date of death	<u>1909</u>	Month <u>Sept</u>	Day <u>17</u>	Age <u>60</u>	Months <u>—</u> Days <u>—</u>
Sex <u>Female</u>	Color or Race <u>White</u>		Birth-place <u>md</u>		
Occupation <u>None</u>			Where Residing if not at place of death <u>—</u>		
Married, Single <u>Widowed</u>		Name of Wife or <u>Husband</u> <u>Samuel Smith</u>			
Father's Name <u>Samuel Smith</u>			Father's Birthplace <u>md</u>		
Mother's Maiden Name <u>Ruth Cross</u>			Mother's Birthplace <u>md</u>		
Name of person giving information <u>Pearl Smith</u>			How related to deceased <u>Daughter</u>		

CAUSES OF DEATH

27

✓

PHYSICIAN
OR CORONER

Primary	<u>Pulmonary Tuberculosis</u>	How long <u>1 yr.</u>
Immediate	<u>Aschemia</u>	How long <u>2 days</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>		Signature of Physician <u>W. F. Saylor</u>
		Address <u>Laurel Md</u>
Accident or Suicide? <u>9</u>		



Name
in
Full

Franklin Milton Wallace

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Z.B.</u> Town		<u>Pr. Geo</u> County		MARYLAND	
Date of death	1909	Month	9	Day	14
Age	19	Years		Months	8
Sex	male	Color or Race	Caucoid	Birth-place	md
Occupation	Farm work		Where Residing if not at place of death		
Married, Single or Widowed	Single		Name of Wife or Husband		
Father's Name	John F. Wallace			Father's Birthplace	md
Mother's Maiden Name	Annie G. Robinson			Mother's Birthplace	md
Name of person giving Information	Annie G. Robinson			How related to deceased	Mother

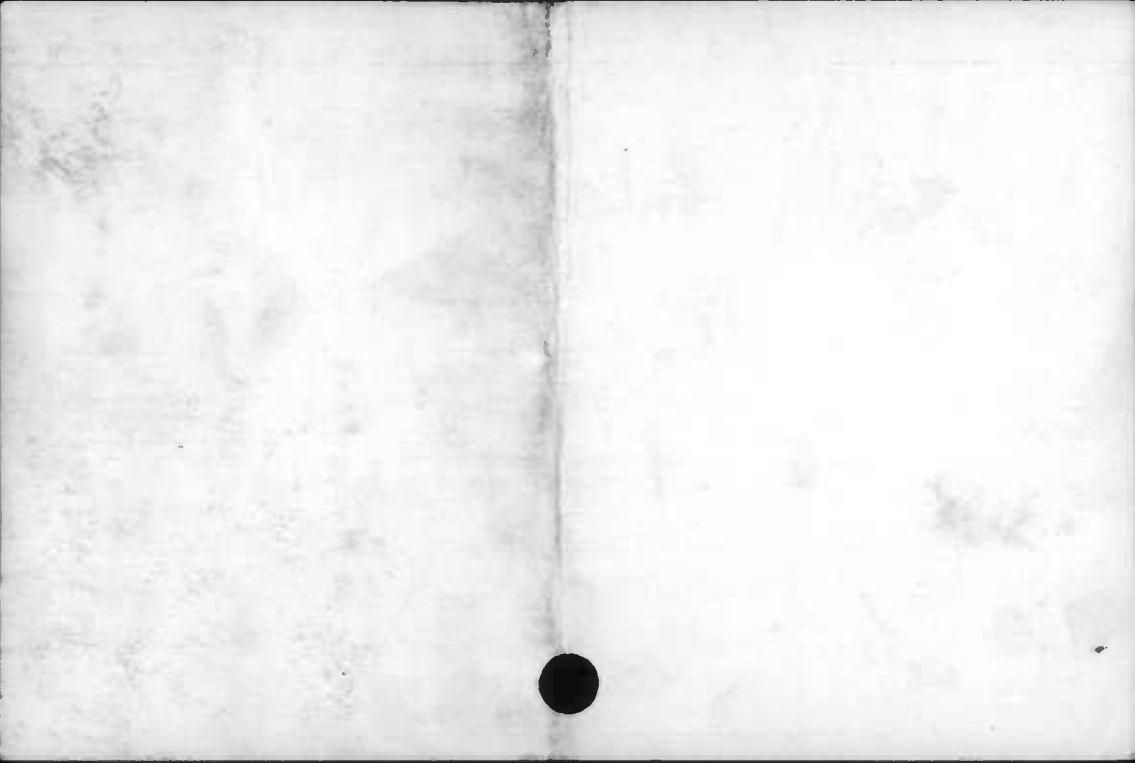
CAUSES OF DEATH

27



PHYSICIAN
OR CORONER

Primary	<u>Pulmonary Tuberculosis</u>		How long	<u>about 9 mo.</u>
Immediate	<u>Exhaustion</u>		How long	<u>24 hours</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	John A. Coz	
yes		Address	<u>Z.B.</u> <u>md</u>	
Accident or Suicide				



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

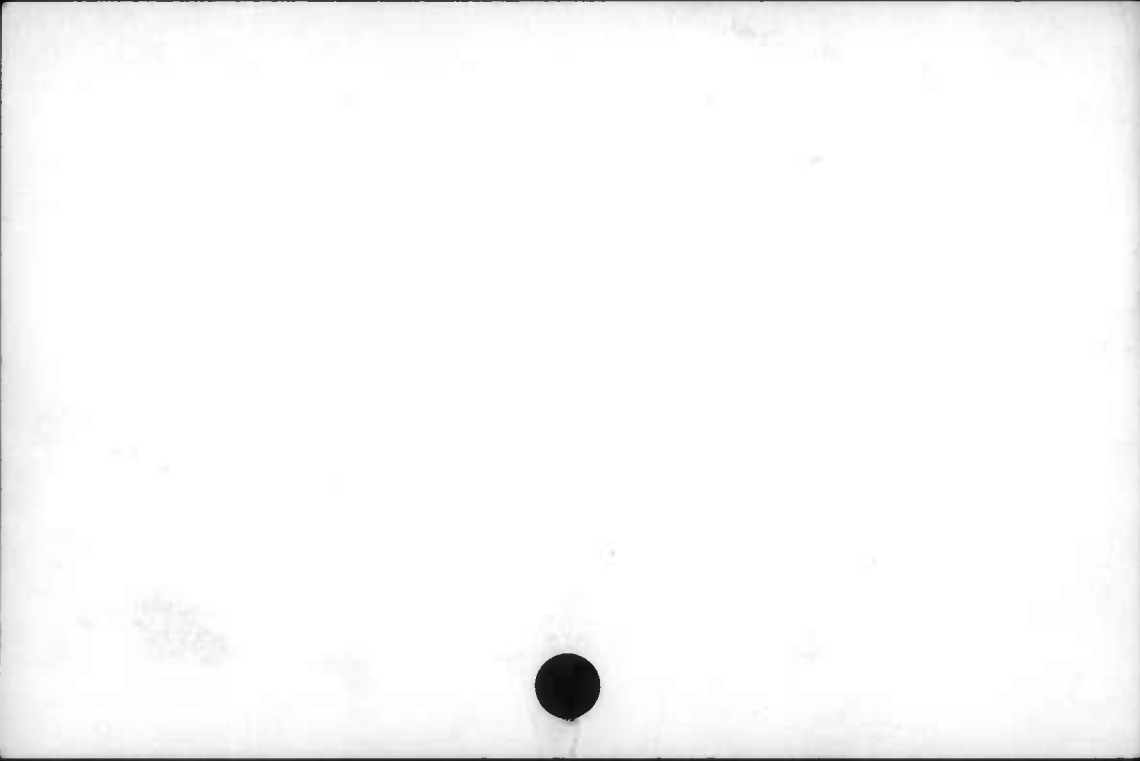
Mrs Annie L. Ward
Died at near Piscataway Prince George
Date of death 1909 September 11 Age 60
Sex Female Color or Race White Birth-place Maryland
Occupation Housewife Where Residing if not at place of death At home
Married, Single or Widowed married Name of Wife or Husband W. M. Ward
Father's Name George Breaston Father's Birthplace Md
Mother's Maiden Name Susan Breaston Mother's Birthplace Md
Name of person giving Information W. M. Ward How related to deceased Husband

CAUSES OF DEATH

108
How long

Primary Intestinal Obstruction 4 days
Immediate Heart Failure 6 hours
Are the name, age, sex, color, date and place correctly given above? yes
Signature of Physician G. O. Monroe
Address Waldorf Md
Accident or Suicide

PHYSICIAN
OR CORONER



Name
in
Full

Herman Warrick

CERTIFICATE OF DEATH

Died at ^{Town} New Eslatz ^{County} Prince Geo. MARYLANDDate of death 1909 ^{Month} Sept- ^{Day} 13 Age ^{Years} 3 ^{Months} ^{Days}

Sex Male Color or Race Black Birth-place M-d

Occupation Child Where Residing if not at place of death New Eslatz,

Married, Single or Widowed Name of Wife or Husband

Father's Name Albert Warrick Father's Birthplace M-d

Mother's Maiden Name Catherine Scott Mother's Birthplace M-d

Name of person giving Information Albert Warrick Jr. How related to deceased Brother

CAUSES OF DEATH

Primary Remittent-fever How long 1 week

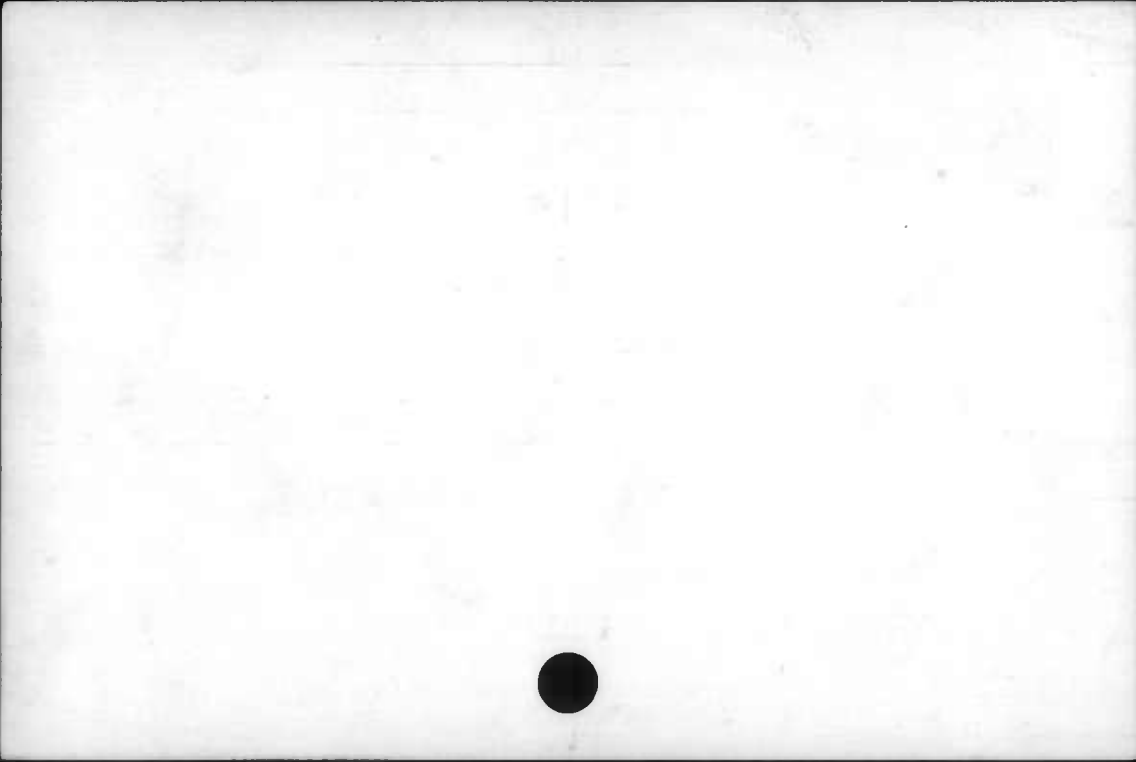
Immediate Convulsions How long 1 day

Are the name, age, sex, color, date and place correctly given above? yes Signature of Physician J. M. Parker M.D.

Address Congrao Heights D.C.

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



CERTIFICATE OF DEATH

**TO BE ANSWERED BY
NEAREST FRIEND**

PHYSICIAN
OR CORONER

Died at Sullivan Town

Prince George County

MARYLAND

Date of death 1909 Sept

Day
14

Age	Years
1	1
2	2
3	3
4	4
5	5
6	6
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100	100

Months

Days

Sex

Color or Race

Coloured

Birth-
place

Fulland

Occupation

Where Residing if not
at place of death

Small

Married, Single
or Widowed

Name of Wife or
Husband

Father's Name

William L. Miller

Father's Birthplace

Culpa & Me

Mother's
Maiden Name

Rosie Thomas

Mother's Birthplace

L. Vincent.

Name of person giving information _____

William Ellis

How related
to deceased

Fishes

CAUSES OF DEATH

Primary

How long

Immediate

Still Born

How long

Are the name, age, sex, color, date
and place correctly given above?

Signature of Physician

Address

Address William L. Metcalf
Smythland P.O. Box

Accident or Suicide?

Gis
+

